



Spring 2000

Chironian Spring/Summer 2000

New York Medical College

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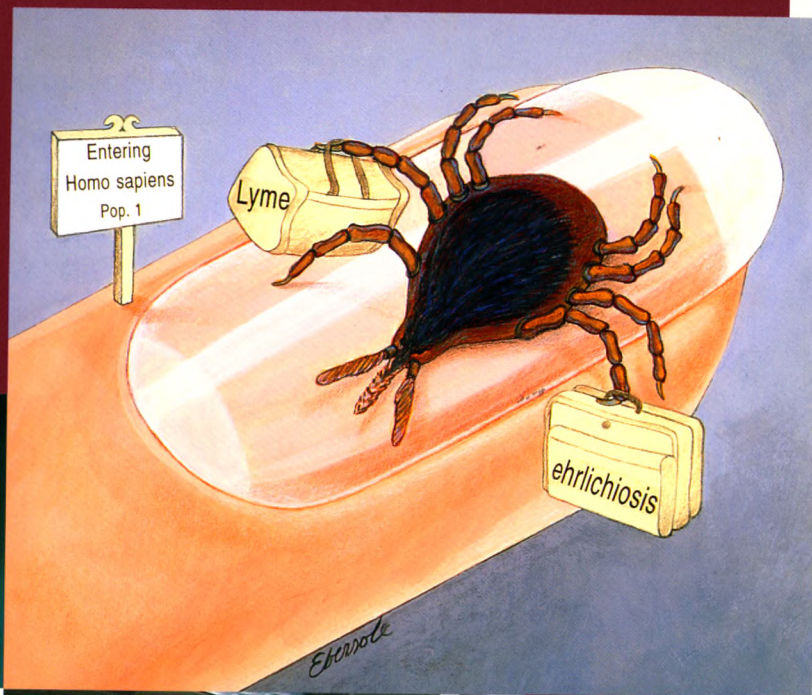
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Chironian

New York Medical College



Spring/Summer 2000



Inside

Five Degrees, Then Separation
Losing Your Eyesight from the Inside Out
For the Love of God, Nature and New York Med



On the Cover

Ehrlichiosis

Catches
the Fancy of
College Researchers

e•merg'ing
in•fec•tion

If you asked someone in health care what an emerging infection is, the response would likely be some hideous and inevitably fatal African scourge like Ebola or Lassa virus.

Actually, America has had its own share of plagues even

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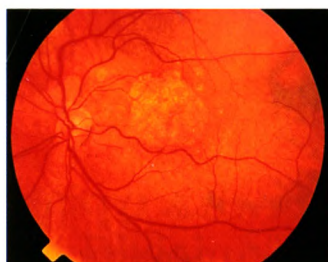
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After getting M.P.H. degrees so they could do research, two brothers from Myanmar (a.k.a. Burma) stay on to teach and provide patient care.

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Age-related macular degeneration is the leading cause of legal blindness in the elderly.

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One tick bite can give you two diseases: ehrlichiosis and Lyme. Illustration by Patricia Ebersole. (see page 2)

Molecular immunogenetics depends on polymerase chain reaction (PCR) to copy small portions of DNA millions of times. (see page 4)

Hepatitis C ultimately can turn the healthy liver (top) into a useless organ from cirrhosis. Transplant is then the only option. (see page 5)

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Tissue-Typing Pioneer Applies Her Own Modus Operandi to Genetic Research



In Soo Young Yang's new lab, HLA typing proceeds while molecular immunogenetic investigations head elsewhere.

The cliché *opposites attract* is appropriate for batteries and maybe even for romance, but when it comes to slipping something by the human immune system, it's *birds of a feather...* that counts. Indeed, the affinity of like-for-like is nowhere more significant than in bone marrow transplants,

(continued on page 10)

Upcoming Continuing Medical Education

An extensive schedule is planned for fall, but details were not available at press time. For further information please contact the Office of Continuing Medical Education at (914) 594-4487.

September 22

Urology

Program Chairman: Camille Mallouh, M.D.

October 13

Cardiology

Program Chairman: Steven Belkin, M.D.

October 20

Psychiatry and Religion

Program Chairman: Joseph English, M.D.

October 26 and 27

Orthopaedic Surgery

Program Chairman: Steven Zelicof, M.D.

November 29

Neonatology

Program Chairman: Edmund LaGamma, M.D.

Dates have not been set but plans are underway for conferences on surgery/trauma, management of the pediatric airway (anesthesiology) and vascular surgery for the primary care physician.



Elsbeth Sofia did not respond to interferon when Edward Lebovics, M.D., first treated her for hepatitis C. But a second course of interferon combined with Ribavirin worked. A recent check-up showed she is still in remission.

Hepatitis C Research

Centers on Pharmacological Trials

Edward Lebovics, M.D., David C. Wolf, M.D., and the Division of Gastroenterology and Hepatobiliary Diseases stalk this silent epidemic for a remedy.

The hepatitis C virus (HCV) has a checkered past and a controversial future. First tagged with the uninspired name *non-A, non-B hepatitis*, it has grown in notoriety as the most common cause of chronic hepatitis. HCV earned its letters in 1989, when the gene responsible for the strain was cloned and sequenced, and assays were developed to detect its antibodies. The better known siblings, hepatitis A and B, have lost some of their impact owing to the availability of vaccines and the ubiquitous admonition to food workers that hands must be washed before leaving the bathroom. Still, the lower incidence of A and B is not the only reason C has moved to the top of the diseased-liver alphabet for bad outcomes. Spread not by air or food but only by blood, HCV depends on the same methods of virus transmission as AIDS—sexual and perinatal (only rarely) and parenteral. Meaning *brought into the body not through the intestines*, parenteral includes the sharing of needles

and tools by heroin and snorting cocaine users, body piercing and tattooing, as well as by transfusion before 1991 when screening the blood supply became routine.

The federal Centers for Disease Control and Prevention in Atlanta estimates that nearly 4 million Americans have been infected with HCV. About three-quarters of them will develop chronic hepatitis. Some 20 percent of these are in line for cirrhosis or cancer of the liver, though the process may take from 10 to more than 50 years to evolve. It all adds up to a quiet epidemic, agree two New York Medical College physicians with years of clinical research behind them. Working in different spheres of influence, Edward Lebovics, M.D., professor of medicine and director of the Division of Gastroenterology and Hepatobiliary Diseases, and David A. Wolf, M.D., associate professor of clinical medicine and medical director of liver

transplantation at Westchester Medical Center, are committed to understanding the relentless progression of chronic HCV to end-stage cirrhosis. The word means rotten liver, and the only way out is a liver transplant. It is obvious that with livers in short supply, this option is problematic.

Not so fast

Muddying the waters is a study by researchers from Georgetown University School of Medicine in Washington, D.C., and others from the National Institute of Diabetes and Digestive and Kidney Diseases of the NIH. Their retrospective analysis of HCV from thawed blood samples, which appeared in the January 18th issue of *Annals of Internal Medicine*, was taken from more than 8,000 Air Force volunteers in what was actually a study of streptococcus between 1948 and 1954. Researchers tested the samples for HCV infection and later used medical records to correlate the results with liver disease. The data do not support the assertion that HCV's progression to liver disease is common or inevitable. Dr. Lebovics has this to say:

"This important study substantiates what we have been telling our patients, that most patients with HCV do well without therapy and never get into serious trouble. The problem is that we can't reliably predict who will progress to liver failure, and once liver failure is present, the condition is irreversible without transplant."

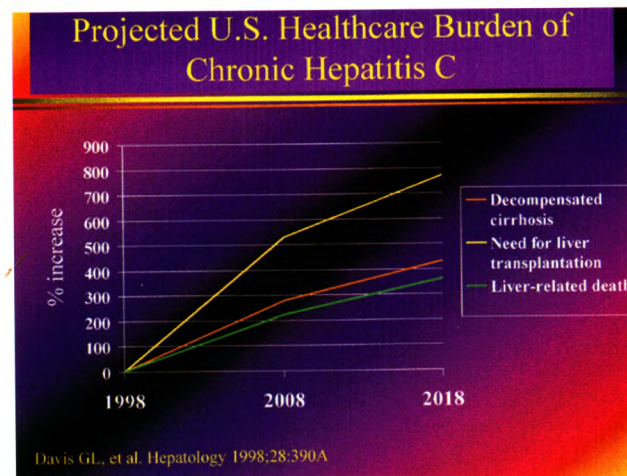
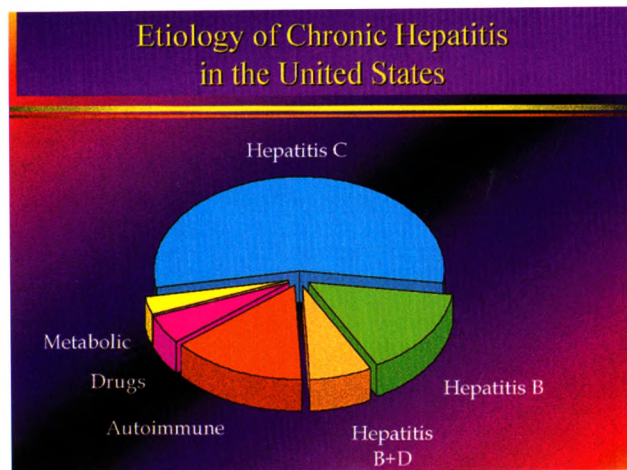
Over the years there have been dozens of research papers to support the view that HCV has long-term risk. "For example, data from a French study," he continues, "show that one-third of hepC patients develop cirrhosis

within 20 years, one-third within 50 years or more, and one-third never progress at all...We estimate that fewer than 20 percent of those infected ever seek medical attention. Patients with early disease generally feel well, even with a low-grade inflammation of the liver. We can diagnose hepatitis C

Decade of research

While some researchers are absorbed in the epidemiology of chronic HCV, cirrhosis and cancer, Dr. Lebovics' group is engaged in testing the effectiveness of antiviral therapies. Altogether some 700 patients have signed on for trials; 370 are participating right now.

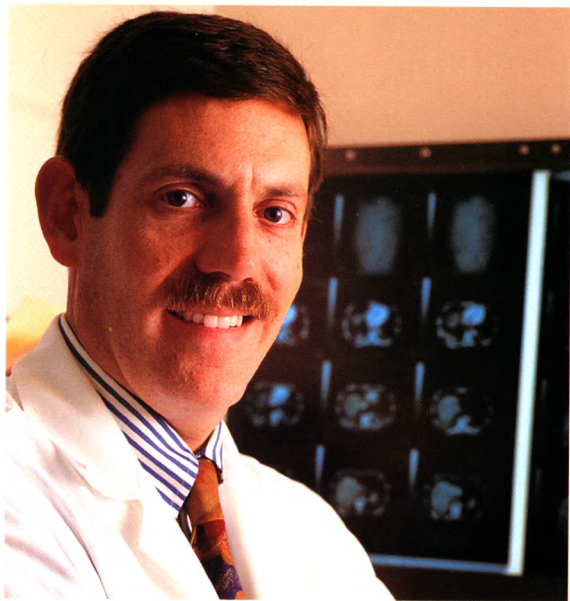
In 1999 alone, the division handled five studies simultaneously, some as part of multi-center trials. Sponsored by major pharmaceutical companies such as Schering, Amgen and Roche, the studies compared the efficacy of drugs in new patients, and in those who had relapsed or failed after a previous course of therapy. This required patients to be segregated according to their medical history: chronic HCV, elevated liver enzymes, never before treated; chronic HCV, failed or relapsed after prior course of interferon alpha; and chronic HCV, normal liver tests, never treated.



Graphics courtesy of Edward Lebovics, M.D.

with blood tests, but the elevated liver enzymes don't necessarily correlate with severity of the disease. A biopsy is the only way to determine where in the spectrum [of liver disease] they are." Once patients progress to liver failure, the symptoms (confusion, gastrointestinal bleeding, jaundice, vomiting and accumulation of fluid) are obvious and the liver damage is irreversible.

"The fact is that most people with HCV live out their lives pretty well," Dr. Lebovics advises, "but those who never seek treatment at all take a serious risk...We don't really treat everyone. There sometimes are severe side effects [flu-like symptoms and depression] and the drugs are expensive. And obviously, they don't work for everyone."



As medical director of the liver transplant team, David C. Wolf, M.D., is occupied with patients who have cirrhosis of the liver. He also does research into this end stage of liver disease, for which the most common cause is hepatitis C. In the background is a CT-scan of a liver with acute alcoholic hepatitis.

What does work

The offensive opens with interferon alfa. "If the virus is undetectable for at least six months after therapy's completed, there is a 95 percent chance the liver tests will stay normal," says Dr. Lebovics, whose team has worked with all three companies that manufacture the approved interferons—Intron, Roferon and Infergen. He has been promoting hepatitis research at the College since 1984, when he jump-started his career here with a fellowship in gastroenterology.

Next comes Ribavirin, which became part of the armamentarium five years ago. However when it gained FDA approval, the agency specified that it had to be given with Intron. The combined product, known as Rebetrone, can achieve a sustained response in approximately 40 percent of patients, Dr. Lebovics states. "This is the best treatment we have now for hepatitis C," he continues. "The percentages for sustained response are 25 with a bad geno-

type and high viral load to 80 with a good genotype and low viral load. Certainly, we would like to do better. The vast majority of patients are able to go to work, but the drugs have side effects and Ribavirin can cause anemia. Unfortunately, at least half the people we see don't respond to any approved therapy.

"We are trying to figure out *why* they are not responding. In one study we have switched to daily dosing [instead of weekly] to keep the viral load low and not let it recover between doses...I think the next

breakthrough will be pegylated interferon, an investigational formulation of interferon alpha given once a week that we began studying in clinical trials in February. It has a pharmacological attachment [polyethylene glycol (PEGinterferon)] to keep it in the body longer. It provides continuous blood levels of interferon so there are no peak levels which is when we think the worst side effects occur." Besides the apparent ability of patients to better tolerate the drug, with fewer side effects, PEGinterferon shows further promise in treating cirrhotic patients, who habitually respond poorly to antiviral therapies.

The crystal ball

Undaunted, researchers are gauging the feasibility of branching out to other antiviral drugs—protease and helicase inhibitors—for use against HCV. But as long as the research process continues and a pharmacological solution remains elusive, physicians will keep relying on their backup alternative of

liver transplant. To qualify for the surgery a patient must be in liver failure—not only owing to the dearth of available organs, but also due to the risk attendant to anti-rejection drugs.

Before and after a liver transplant—whether induced by cancer, or from cirrhosis perpetrated by alcohol or some letter of the hepatitis alphabet—it is the quality of patient care that makes or breaks the procedure. In November 1996, David Wolf, M.D., left the Mount Sinai School of Medicine at the behest of Dr. Lebovics to join the fledgling liver transplant program at Westchester Medical Center as medical director. At the same time, James B. Piper, M.D., professor of surgery, departed the University of Chicago to head up the surgical team. According to Dr. Wolf, the duo initiated "the fastest developing liver transplant program in New York State," scoring 20 procedures the first year and 21 the second.

"Hepatitis C accounts for 30 percent of all adult liver transplants in the nation," Dr. Wolf advises. "There is an 85 percent survival rate after one year, and 70 percent after five years. After that, the survival curve is equal with that of the general population, probably because the further out you get, the less immunosuppressant is required." In support of his charge to maintain patients with cirrhosis, Dr. Wolf likewise turns to research. He is currently investigating how Ritalin improves chronic fatigue symptoms in patients with hepatitis C-induced cirrhosis. And with no vaccine in sight because "the hepatitis C virus has such genetic variability from person to person," Dr. Wolf says, there is still a great deal to be learned about the complications of cirrhosis. ■

A PRESIDENT WHO THINKS (AND PRAYS) BETTER ON HIS FEET

*Rev. Msgr. Harry C. Barrett prefers to hike
when he reflects on his faith and his job
as New York Medical College CEO.*

W

hen he wears his collar, Rev. Msgr. Harry C. Barrett, D.Min., M.P.H., looks as earnest, devout and altruistic as on the day he was ordained a priest of the Roman Catholic Church, 27 years ago. What has evolved is a more affable than spiritual persona appropriate to a career that began as parish priest and branched into healthcare leadership, culminating in his current job as president and chief executive officer of New York Medical College. But if you are looking for the essential Harry Barrett, he is likely to be dressed in hiking gear and traversing the great outdoors. This passion for the mountains offers him time alone to think about, yet still escape the travails of running a \$160 million health sciences university. He is frank in explaining its allure:

"Walking in the outdoors is the only thing that takes me away from the thoughts of my daily activities. After a half-hour or 45 minutes, it's very restorative of my energies. Hiking isn't competitive, and since I am a reflective person, it gives me the time to think about long-range plans. Actually, ever since I was a teenager I walked on a trail, through a forest, on the ridges of a mountain...I make most of my important decisions on my feet. I even pray better on my feet."

The neighborhood

His zeal for walking goes back to childhood, Msgr. Barrett realizes when recalling inspirations that formed the groundwork for his calling. "I grew up in the Inwood section of Manhattan, above the Cloisters. I was an only child, with the self-sufficiency that only-children have," he says. "Right at the end of my block there was a park and hilly woodlands, and you could walk for hours. The Hudson River was four blocks away. You lived in the city, where there was the camaraderie of the apartment house, and yet the river and the woodlands were right there. The population was 80 percent German-Jewish and 20 percent Irish,

and they had formed their Catholic parishes in the late '20s. In this very formative neighborhood there were three ideals: education, religious belief and taking care of your neighbor..."

"It was in my teenage years that a religious sense began to develop. I was always interested in the priesthood but I didn't know I wanted to be a priest. The full awareness came when I was in my early twenties. Most things important in my life have come slowly to my awareness..."

"Deciding to have a relationship with God isn't something never revisited. I reaffirm the decision I made every day because the priesthood, unlike any other choice, has infinite qualities. You never become a total success. There is no Pulitzer Prize. You've taken on the job of representing the Divine, of making God present. Of course you really can't do that and you fail." Theoretically agreed, but in the eyes of the Church, he does not disappoint; in 1995, he was appointed Prelate of Honor to Pope John Paul II with the title of monsignor.

Makes decision

Having made his choice with the conviction of his faith and the full support of his family (his mother was a housewife and his father managed Con Edison's business offices), Msgr. Barrett found his expectations to be realistic: "Being a priest is the only selection where your entire life changes. That was something I felt I could do, and I did it... You see daily the impact you can make on people's lives. You make friendships with other priests and parishioners, so you never feel alone. That's how I feel here [at the College] and that's important to me. Although I could live within a certain level of solitude, I never wanted to be alone."

So following graduation from Cathedral High School in Manhattan, he entered St. Joseph's Seminary and College in Yonkers where he earned undergraduate and master of divinity degrees and was ordained. There was a faculty adviser there who got him interested in psychotherapy, a subject he decided to pursue in earnest. Putting himself in overdrive, he was studying for the ministry, tackling on a M.S.Ed. in counseling from St. John's University in Queens and working as an intern at the archdiocesan Family Consultation Service, all at the same time. Being a therapist, Msgr. Barrett recalls, was indeed satisfying, as were his parish duties in the Pelham Bay section of the Bronx.

The interval did not last long. Unbeknownst to him, the head of the Department of Health and Hospitals for the Archdiocese of New York was looking for an assistant. It was 1976, and Msgr. Barrett soon found himself as associate director of health and hospitals and a student at Columbia University studying for a master's in public health.

Needs change

But after five years and with the degree under his belt, he decided he really *did* want to work with people on a more pastoral basis and moved to resurrect the counseling career. "Terence Cardinal Cook responded not by sending me back to a parish, but by getting me involved in chaplaincy services," he recounts. "This was his way of assuring that Catholics in non-Catholic hospitals would receive the services they needed." Appointed director of the Hospital Apostolate for the Archdiocese, he was put in charge of all Catholic hospital chaplains, in non-Catholic as well as Catholic hospitals. It was a job that allowed him to complete his education with a doctor of ministry

degree in pastoral care at New York Theological Seminary.

All along, Msgr. Barrett had been serving as a board member of dozens of organizations like the Greater New York Hospital Association and Empire Blue Cross and Blue Shield of New York. When New York Medical College rang in 1988, Msgr. James P. Cassidy was on the line. A Board of Directors member, Cassidy was to be named chancellor and the board wanted Barrett to take his place. Four years later it was Barrett's turn to lead. Initially chosen to head up the search committee when Cassidy was called to the Vatican, Barrett was asked to stop looking and accept the presidency himself.

Clear course

"First and foremost the College needed a planning process that would enable us to restate our mission of education and teaching and articulate our priorities. It also would allow us to get everyone together, to open avenues of com-

(continued on page 18)



Rev. Msgr. Harry C. Barrett, D. Min., M.P.H.

Commencement Address by Anthony S. Fauci, M.D.



Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), will deliver the principal address at the College's 141st Commencement on May 19 at Carnegie Hall. The nation's premier expert in human immunodeficiency virus infection will receive an honorary doctor of science degree.

For 16 years, Dr. Fauci has directed the NIAID, the third largest institute of the NIH, and was among the first to recognize the potential impact of HIV infection on public health. His research has been instrumental in determining how the AIDS virus destroys the body's defenses and he has played a major role in developing strategies for the immune reconstitution of people with AIDS and for an AIDS vaccine.

A graduate of Cornell Medical College, Dr. Fauci has received numerous awards for his scientific accomplishments, including more than 20 honorary doctorate degrees in the U.S. and abroad, and is an author, coauthor or editor of more than 970 scientific publications and textbooks.

Genetic Research *(continued from page 4)*

where patients are meticulously matched with donors by comparing their human leukocyte antigen (HLA) tissue types—the unique markers (antigens) found on white blood cells that are recognized by the immune system as friend or foe. The momentous importance of seeking donors with the same HLA is the revelation of Soo Young Yang, Ph.D., a pioneer in research of the structure, function and regulation of antigens. These gene products (proteins) are what the genes encode, expressed by the major histocompatibility complex that constitute the main barriers in transplantation.

Ten years ago from her laboratory at Memorial Sloan-Kettering Cancer Center, Dr. Yang and her colleagues demonstrated in a landmark paper published in *The New England Journal of Medicine* that disparity of even one amino acid in the HLA proteins of patient and donor can cause a potentially lethal graft rejection. The molecular immunogenetics exploration led to the development of an all-genetic analysis of HLA, ongoing work that still continues to reveal new donor tissue types.

A new mission

But in a different place and with ambitious objectives to unearth other genetic systems, Dr. Yang and colleague Nezih Cereb, M.D., (pronounced JERub) have been busy maneuvering their research in a further direction since last summer. They and 12 full-time employees eager to escape their small and crowded space in New York moved into a striking new 4,700 sq. ft. laboratory they designed themselves at 19

Bradhurst Avenue in Hawthorne, just off the College's Valhalla campus. At the second floor entrance is the distinguished appellation "Molecular Immunogenetics Laboratory of the Department of Medicine," where Dr. Yang, professor of medicine and principal investigator, is director, and Dr. Cereb, assistant professor, is associate director.

Credit for Dr. Yang's recruitment belongs to William H. Frishman, M.D., professor and chairman of the Department of Medicine, and Frank N. Traganos, Ph.D., professor of medicine and associate director of the Brander Cancer Research Institute adjacent to the new lab. Much of it also goes to Dr. Yang, who after 23 years at Sloan-Kettering, had become restless: "I wanted to be my own boss. I grew up there, and I wanted the freedom and support to do



HLA typing starts with extracting DNA from the blood samples of willing bone marrow donors. Such is the task of the Multimek 96 automatic liquid handler, which can process 96 samples of DNA from virtually any tissue.

what I wanted to do, to expand my lab and research activities and Sloan-Kettering wouldn't support that level of space or freedom...I was looking around in Westchester and found Dr. Frishman. He is the man I want for my mentor."

His respect for her is palpable when he calls Dr. Yang "an international leader in molecular immunogenetics. Her work complements that of the cancer research institute in the Department of Medicine. An academic department of medicine needs to be in the forefront of research, medical education and clinical practice."

"Dr. Yang is also developing collaborations with other faculty in the basic and clinical sciences as she looks to identify genetic mutations in various disease states that cross all medical disciplines. She represents the type of individual we want to recruit here, a person of stature who is doing cut-

ting-edge research. We are happy to have her and her distinguished research group as faculty members of New York Medical College."

Science switch

Dr. Yang's research career began in 1968 with graduate work in psychology. It was a mistake. "I immediately realized it was not my field and switched to chemistry," she says. After earning a master's degree in organic chemistry at Minnesota State University, she joined the laboratory of Robert Good, now called one of the fathers of immunology. He was about to relocate to New York City to become the president of Sloan-Kettering. As a research assistant in his lab, Dr. Yang contributed a background of pure chemistry. She later finished her education with a Ph.D. from New York University.

Dr. Cereb started his research career at Georgetown University after arriving in the U.S. in 1986. He completed a residency in pediatrics at SUNY-Brooklyn, and did a fellowship in hematology-oncology at Sloan-Kettering. It was actually during his residency that he contacted Dr. Yang after having read her New England Journal article. "I arranged to do the research part of my fellowship in her lab," he says. "It was the most important streak of luck in my career. Since 1991 our minds and energies have acted synergistically, bringing further breakthroughs and contributions to the field of human immunogenetics. I hope that in my new role, and in the more supportive environment at the College, to be even more productive than before."

When Dr. Yang came to the College she was not empty-handed. Recipient of a \$3.5 million grant

from the National Marrow Donor Program—a non-profit organization supported by the federal Office of Naval Research—she oversees an automated laboratory that is also among the largest HLA molecular typing centers in the nation. "Only special labs can do this typing," says Dr. Yang. "We are fast and accurate." The 1,500 typings each week include those for bone marrow transplants performed at Westchester Medical Center, Dr. Cereb says.

What's next

"HLA is pretty much set and now other genetic systems and mutations that cause disease will be discovered. We will continue our basic research to further understand the immune system, but also to apply the techniques of HLA typing to the diagnosis of other diseases. For instance, someone will publish an asthma marker, and we can then look for new mutations," Dr. Yang says, being a predator of sorts who does not initially look for genes. The effort to target a disease is being organized by Dr. Cereb, who is "considering a number of possibilities—cystic fibrosis, asthma and some other common ailments, along with genetic polymorphisms affecting natural killer (NK) cells, and T-cells that may relate to the response to organ and tissue transplants, and viral and tumor immunity."

"Everything is going to come down to a genetic event in the end," predicts Dr. Yang. And to be ready, since matching antigens drain even a huge pool, the National Marrow Donor Program will have to keep searching for donors—despite having 3 million people already on line to offer their life-saving marrow. ■



Minding the fully automated machine are Soo Young Yang, Ph.D., director, and Nezih Cereb, M.D., associate director, of the Molecular Immunogenetics Laboratory of the Department of Medicine.

Ehrlichiosis *(continued from page 2)*

in recent memory, such as Legionnaire's disease and hantavirus, which trigger severe and overwhelming viral pneumonias. The word *emerging*, however, should not be perceived as synonymous with *deadly*. *Emerging* means *budding* or *burgeoning*, definitions that accommodate a group of tick-borne diseases that include a well-known ailment of the Hudson Valley. But Lyme disease, relentlessly researched and treated by New York Medical College faculty for more than a decade, may soon have to share the Westchester/Putnam and Connecticut infection limelight. There is a fresh pathogen on the block—ehrlichiosis—and it has a nasty potential that makes it the intriguing subject of several research studies underway in New York Medical College laboratories.

Identified in America in 1987, the human ehrlichiosis infection causes high fever, headache, muscle aches, chills and a general feeling of being very sick that does not go away in a day or two. If the infection is left untreated, the consequences can be quite serious and patients have died. But recovery is typically prompt when the agent responsible is annihilated with the right antibiotic. A known veterinary pathogen (in dogs), with three identified strains infecting people, human granulocytic ehrlichiosis (HGE) is the reigning species in the northeastern states, the eastern seaboard, Minnesota and Wisconsin. Symptoms generally resemble those of Rocky Mountain spotted fever, except that ehrlichiosis doesn't cause a

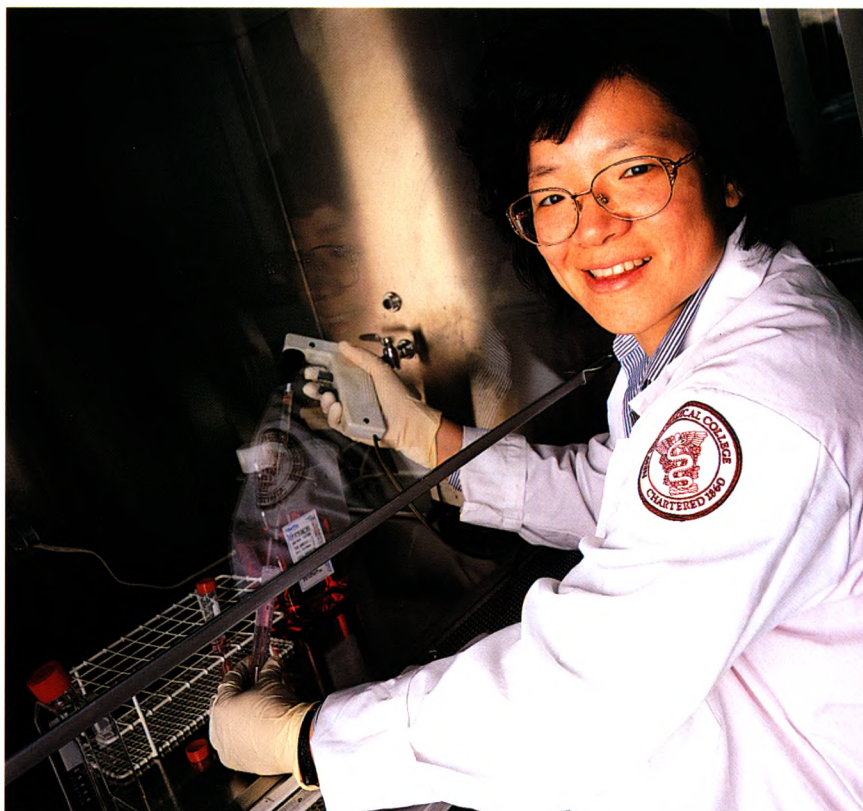
rash, making the infection that much harder to detect.

Living incognito

There is evidence that patients diagnosed with one tick-borne illness are at risk for having additional tick-related infections. Indeed, studies show that *Borrelia burgdorferi*—the bacterium causing Lyme disease—and the HGE agent can be transmitted to humans simultaneously by the same reservoir host, *Ixodes scapularis* ticks. What's more, current testing methods that use indirect fluorescent-antibody assays and immunoblot analysis continue to produce variable results. The upshot is, such

non-specific symptoms and laboratory studies are what make the diagnosis of HGE so difficult.

Enter two scientists in the Department of Biochemistry and Molecular Biology who began their quest five years ago to develop an early diagnostic test for HGE infection. Joseph Wu, Ph.D., professor, and Tze-chen Hsieh, Ph.D., research assistant professor, were eager to oblige when acting department chairman Ira S. Schwartz, Ph.D., passed along the challenge initiated by Gary P. Wormser, M.D., vice chairman of the Department of Medicine and chief, Division of Infectious Diseases at the College and Westchester Medical Center.



Tze-chen Hsieh, Ph.D., research assistant professor of biochemistry and molecular biology, is working to create a "mosaic assay" that will identify yet distinguish Lyme disease and ehrlichiosis infections from each other. She was among the first in the nation to culture the agent of human granulocytic ehrlichiosis.

"You can't work with anything you can't see," says Dr. Wu, in explaining why the first order of business had to be culturing the bug. "Ira called us because of our longstanding work with HL60 [an easy-to-culture human leukemia cell line used to study cancer]." Dr. Hsieh adds, "We were successful in culturing HGE in three or four months, which was confirmed by others here. We were actually working on it the same time as the University of Minnesota, but they had the first publication [*New England Journal of Medicine*, January 25, 1996]." (Drs. Wu and Hsieh added another dimension to their collaboration in the fall when they became husband and wife.)

Moving ahead

Prolific since the culturing, Dr. Hsieh has persevered as principal investigator or co-investigator on eight related papers with collaboration from faculty researchers in the Division of Infectious Diseases who include Maria Aguero-Rosenfeld, M.D., Robert Nadelman, M.D., John Nowakowski, M.D., Harold Horowitz, M.D., and Dr. Wormser. In "Simultaneous human granulocytic ehrlichiosis and Lyme Borreliosis" (*New England Journal of Medicine*, 3:37:27-30 1997), the team was first to demonstrate co-infection by both agents. Drs. Wu and Hsieh did the screenings in their own Basic Sciences Building laboratory. Of 93 suspected cases referred by the ID division in 1996-97, 7 turned out to be

positive for co-infection. "New York Medical College is the world record holder for HGE isolates," claims Dr. Wu, denoting the cultures grown from patient blood.

Dr. Hsieh is bent on developing an HGE test by zeroing in on a protein from an outer-surface membrane of the bacterium that will enable physicians to detect infection at an earlier stage. Their true objective however is what Dr. Wu calls "the juicy part—the mosaic assay. A mosaic immunodetection assay—we call it MIDA—would enable us in principle to detect infection by multiple agents such as Lyme and HGE. On this process we will file for a patent." The mosaic

assay would screen samples more rapidly than other tests and signal whether there was co-exposure or HGE infection only. "We would like to make the test instantaneous, dip-stick based like one that detects proteins in urine," explains Dr. Wu. "Besides, the Western blot test currently in use is quite expensive."

The other view

Meanwhile across the Valhalla campus, infectious disease clinicians in Macy Pavilion are conducting other investigations. Dr. Horowitz, a professor of medicine, is just as keen to have a reliable test, but conducts his research while treating patients. As principal investigator of a



Harold Horowitz, M.D., professor of medicine, has an interest in tick-borne diseases that goes beyond taking care of patients. One of several physicians in the Division of Infectious Diseases who does clinical research, Dr. Horowitz is investigating ehrlichiosis/Lyme disease co-infection and the antibiotic susceptibility of the agent of human granulocytic ehrlichiosis.

New York State Department of Health grant, "Natural History of Human Granulocytic Ehrlichiosis/Lyme Disease Coinfection," he follows patients at the Westchester Medical Center Lyme Disease Center for possible co-infection and outcome.

Dr. Horowitz is also well along in a study funded by Pfizer Pharmaceuticals on "Antibiotic Susceptibility of the Agent of Human Granulocytic Ehrlichiosis (HGE)." "The clinical data show the most rapid response to HGE is from doxycycline," says Dr. Horowitz, "but its use in pregnancy is problematic. Still, it is the drug of choice—particularly since it is also effective against Lyme disease. But HGE has also been found to be susceptible to rifampin and quinolones in vitro. So rifampin may be an alternative to doxycycline in pregnant women, and quinolones may be useful in men and in women who are not pregnant."

HGE vs. Lyme

He continues: "Ehrlichiosis is much more an acute problem and sometimes requires intensive care. However, as opposed to Lyme, there is no indication that HGE becomes a chronic disease. In fact, many who are infected with the flu-like symptoms don't even seek medical care and just get better on their own. It's not that hard to tell the difference if you remember you get flu in the winter and ehrlichiosis in the spring and summer. A patient with a non-specific illness who presents with low platelet count and high fevers

during the summer months tips us off to ehrlichiosis..."

"There is a lot of talk about a vaccine for HGE, but it's too early for that since we don't know enough about the immunology of it yet."

Besides the University of Minnesota, which won the HGE culture competition to publish, other laboratories focus on ehrlichiosis and vector-borne diseases. In the medical microbiology division of the department of pathology at The Johns Hopkins Medical Institutions, J. Stephen Dumler, M.D., is using a mouse model he developed that shows HGE causes pathology (primarily in the liver and spleen), but the host doesn't get sick. It is hardly a coincidence that Dr. Dumler is collaborating with Dr. Hsieh to understand the pathogenesis of HGE—how the organism affects the host cell in vitro. Any success in these studies could turn their thoughts in the direction of a vaccine. But unless the incidence of HGE takes a sudden turn for the worse, it may be a long time before whatever incentives the scientists have in developing a vaccine are able to override the pure economics of producing one. ■

College Receives Full Accreditation

The Liaison Committee on Medical Education (LCME), the nationally recognized authority that accredits medical schools, has awarded the maximum seven year accreditation to the College's educational program leading to the M.D. degree.

In the survey report, the LCME site visit team, led by Robert M. Daugherty, Jr., M.D., Ph.D., dean emeritus of the University of Nevada School of Medicine, commended the College's "proactive executive leadership team" and described the students as "mature, enthusiastic and supportive of the College who appreciate the commitment to education and accessibility of faculty members." It also praised the College for providing a "broad array of clinical affiliates that offer students a rich and diverse clinical experience."

The LCME conducted its four-day site visit of the School of Medicine in November. The next complete survey will occur during the 2006-2007 academic year.

Congratulations!

The Board of Trustees has approved the following faculty promotions:

Alan B. Astrow, M.D.

Associate Professor of Clinical Medicine

Jane Maher, M.D.

Associate Professor of Clinical Surgery

Enid Leikin, M.D.

Associate Professor of Obstetrics and Gynecology

Paul A. Lucas, Ph.D.

Associate Professor of Orthopaedic Surgery and Associate Professor of Pathology

Michael Moretti, M.D.

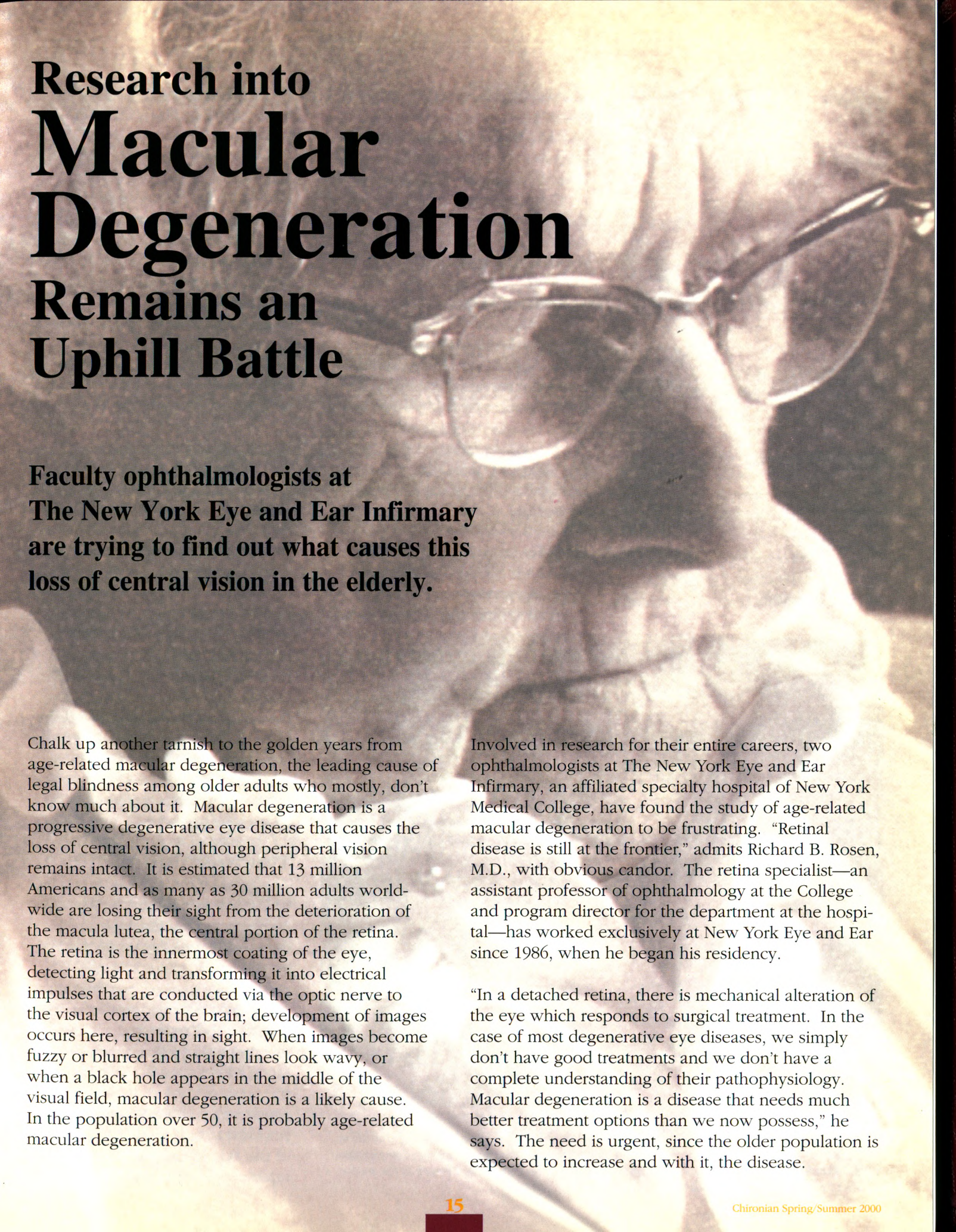
Associate Professor of Clinical Obstetrics and Gynecology

Stephen J. Peterson, M.D.

Professor of Clinical Medicine

Gary M. Williams, M.D.

Professor of Pathology



Research into Macular Degeneration Remains an Uphill Battle

**Faculty ophthalmologists at
The New York Eye and Ear Infirmary
are trying to find out what causes this
loss of central vision in the elderly.**

Chalk up another tarnish to the golden years from age-related macular degeneration, the leading cause of legal blindness among older adults who mostly, don't know much about it. Macular degeneration is a progressive degenerative eye disease that causes the loss of central vision, although peripheral vision remains intact. It is estimated that 13 million Americans and as many as 30 million adults worldwide are losing their sight from the deterioration of the macula lutea, the central portion of the retina. The retina is the innermost coating of the eye, detecting light and transforming it into electrical impulses that are conducted via the optic nerve to the visual cortex of the brain; development of images occurs here, resulting in sight. When images become fuzzy or blurred and straight lines look wavy, or when a black hole appears in the middle of the visual field, macular degeneration is a likely cause. In the population over 50, it is probably age-related macular degeneration.

Involved in research for their entire careers, two ophthalmologists at The New York Eye and Ear Infirmary, an affiliated specialty hospital of New York Medical College, have found the study of age-related macular degeneration to be frustrating. "Retinal disease is still at the frontier," admits Richard B. Rosen, M.D., with obvious candor. The retina specialist—an assistant professor of ophthalmology at the College and program director for the department at the hospital—has worked exclusively at New York Eye and Ear since 1986, when he began his residency.

"In a detached retina, there is mechanical alteration of the eye which responds to surgical treatment. In the case of most degenerative eye diseases, we simply don't have good treatments and we don't have a complete understanding of their pathophysiology. Macular degeneration is a disease that needs much better treatment options than we now possess," he says. The need is urgent, since the older population is expected to increase and with it, the disease.

Under surveillance

Yet despite its inexorable course, macular degeneration can in some cases be contained when caught early, advises Joseph B. Walsh, M.D., professor and chairman of the Department of Ophthalmology since 1989, and Rosen's research colleague. All it takes are patient awareness and regular eye check-ups, but folks apparently are not as diligent in monitoring their eyes as they are for some other parts of the body. In a recent survey by the American Academy of Ophthalmology, 27 percent of those responding said they had eye exams infrequently or never. The academy recommends that all adults 40 to 64 have an eye exam every 2 to 4 years, and those 65 and older every 1 or 2 years. "Just checking glasses is not enough to diagnose eye disease," Dr. Walsh warns.

Macular degeneration is not hard to diagnose. At New York Eye and Ear, they employ a digital camera to photograph the innermost coat (retina) of the eye to test for thinning, or atrophy, in the common or "dry" form of the disease. "Over a lifetime, the retina loses cells that die from apoptosis. They don't regenerate like skin and blood cells do. And yellow deposits called drusen begin to develop under the retina's outer layer. This is a sign of wear and tear and the start of damage to the photoreceptors [light-sensing cells]. As they degenerate and die off, vision fades," explains Dr. Walsh, in describing the slow-acting, dry form accounting for 90 percent of cases.

Cause or effect?

"Drusen is a failure of the recycling process necessary to maintain retinal health, cellular

debris from the ends of rods and cones that break off," says Dr. Rosen. (The millions of rods and cones form the photoreceptive layer of the retina.) The role of drusen in the disease process is controversial, however, and some assumptions for cause bypass it altogether. At the University of Miami, scientists are turning toward the immune system in speculating that macular degeneration results from over zealous repair of mild injuries to retinal cells, possibly exacerbated by high fat concentrations in the bloodstream. Others at the University of Pennsylvania are investigating the possibility that a constricted blood flow to the eye could gradually starve the retinal cells.

What has been established is the population most at risk for macular degeneration. Women have about twice the incidence of the disease as men, suggesting that estrogen loss during menopause may play a role. There also are known correlations with genetic inheritance, cardiovascular disease and hypertension, smoking, high fat diet and blue ultraviolet light exposure, especially for light-skinned people, all of which are grist for many studies published and underway.

The "wet" form

The greatest risk for loss of central vision is borne by the remaining 10 percent of patients who have the "wet" form of macular degeneration, also called choroidal neovascularization. "As the retina thins and photoreceptor cells are lost, the body may try to reverse this process by sending in new blood vessels," says Dr. Walsh. In the process known as angiogenesis, these extra blood vessels grow from the choroid, the middle layer of the eye, in the retina. In fairly rapid progression they leak blood



Though their efforts are daunting, ophthalmologists Joseph B. Walsh, M.D., front, and Richard B. Rosen, M.D., press on with leading edge research into macular degeneration. The \$80,000 digital fundus camera is used to photograph the retina, where deterioration of its macula lutea results in a central loss of vision. The incurable disease is the major cause of legal blindness in older adults.

and fluid into the macula, damaging the photoreceptors and forming scar tissue. Patients with the dry form have a much slower progression and may consider themselves lucky if they do not develop the wet form.

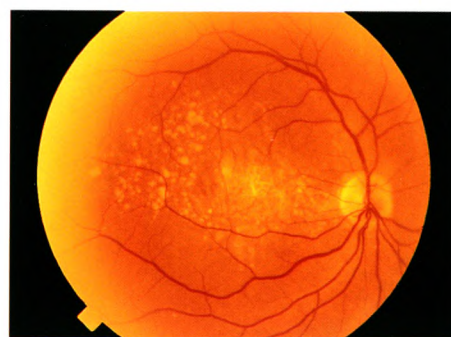
One of the benefits of clinical research and the treatments undergoing testing is how quickly they can become part of regular patient care. In macular degeneration, "it would be better to control the underlying biological process," says Dr. Rosen, "but we're not there yet. Experimental and anti-angiogenesis drugs like thalidomide, endostatin and angiostatin are some drugs being considered for this process." In the meantime, he and Dr. Walsh continue testing experimental modalities in their own back yard. The studies include:

- **Lasers**—In use since the '70s, they can obliterate new blood vessels but the price is scarring itself—where the beam cauterizes the tissue with high energy. Paradoxically, lasers can induce new blood vessels to grow, which relates to the mechanisms used by the body to grow, making the disease and treatment inexorably mingled. One experimental treatment uses a laser at low intensity to assist in the reabsorption of drusen accumulating under the retinal pigment epithelial. The intention is to slow down the disease process in this phase of the disease.
- **Photodynamic therapy**—An exciting new approach calls for injecting a photosensitizing dye (Visudyne, FDA approved in April), which accumulates after 15-20 minutes in the new vessels. A laser, with output matched to absorption of the dye, is then used at low power

for longer duration so that the abnormal vessels are photocoagulated and destroyed. This spares the rest of the retina and maintains central vision. Robert G. Josephberg, M.D., clinical assistant professor of ophthalmology, also offers this therapy at Westchester Medical Center.

The New York team recently finished a two-year study of 40 patients who received another experimental photosensitive drug. "It seems to work for a period of time with absorption of fluid and in some cases, improved visual function. But then the blood vessels reperfuse and you have to retreat the patients every few months. It's still better than a conventional laser that leaves thermal scarring," Dr. Rosen says.

- **Macular translocation**—A highly investigational surgical procedure in which the fovea (the center of the macula where vision is sharpest) is rotated to another, healthier part of the macula where there are no new blood vessels. With the fovea moved away the surgeon can obliterate the new vessels while sparing the fovea. New York Eye and Ear surgeons Louis Scott Angioletti, M.D., clinical associate professor of ophthalmology, and Peter E. Weseley, M.D., have performed this surgery eight times.
- **Transpupillary thermal therapy (TTT)**—Another approach to destroying abnormal vessels involves using a low energy, infrared diode laser with an enlarged spot size in a long delivery that heats the vessels just enough to stop their growth. The infrared light does not cause as much damage to the surrounding tissue as conventional lasers do.



The "dry" form of macular degeneration with yellow, deep retinal deposits, drusen.



The "wet" form of macular degeneration, with leaking blood vessels and fluid. Slides courtesy of Joseph B. Walsh, M.D.

- **Drugs**—Although corticosteroids, interferon and thalidomide, among others, have been tested in macular degeneration, none has proved of value. However, recombinant drugs are on the horizon that will target specific proteins key to the cascade of events that make up the degenerative process. They are not yet in clinical trials.

Having myriad treatment approaches means none is perfect, Dr. Rosen adds, and there is no sure way to prevent macular degeneration either. But he is able to suggest some tips that can't hurt and might help: wear sunglasses that block blue and ultraviolet light, control blood pressure and lipids, exercise and stop smoking. And take vitamins C and E in addition to eating a diet rich in fresh fruit and green leafy vegetables. ■



Medicine at the Millennium: Looking at the Past, Planning for the Future

attracted more than 650 students, faculty, staff and guests of New York Medical College in October. Among the leading scientists who spoke to the enthusiastic audience were Luc Montagnier, M.D., left, co-discoverer of the AIDS virus, and Judah Folkman, M.D., right, researcher in angiogenesis. Arnold S. Relman, M.D., center right, editor-in-chief emeritus of The New England Journal of Medicine, moderated the symposium which was the brainchild of Albert B. Lowenfels, M.D., center left, professor of surgery.

(Photo by Lester Millman)

Rev. Msgr. Harry C. Barrett (continued from page 9)

munication so we could understand our strengths and determine what needed to be changed," he explains. He commissioned the Strategic Plan and follow-up reengineering process, whose successful legacy was financial stability and a realignment of resources that made for real savings and the use of money where it was most needed: "Our original target had been \$3 to 6 million. It actually worked out to about \$9 million, way over goal. To this day we are still monitoring the Strategic Plan and implementing reengineering. It's become a part of the culture here in the way we look at making short-term and long-term decisions at the College."

After seven and one-half years as president, Msgr. Barrett can tally substantial measures of success:

- A broadened scope, from regional to national—"By identifying our first priority as education, we have elevated the level of student quality and embarked on upgrading the infrastructure by building the Learning Center and the Medical Education Building, now under construction. We knew we had to fix these resource issues or risk being cited by the LCME

[Liaison Committee on Medical Education]...Incidentally, in our most recent LCME review [of the Medical School] last fall, communication between administration and faculty, previously cited as a weakness, was praised as a strength," he says. In another review of all three schools that was important for its standing, the university succeeded on its first pass (1995) in winning accreditation by the Committee on Higher Education/Middle States Association of College and Schools.

- A greater effort on the part of Development—This led to the birth of the President's National Advisory Council composed of prominent alumni with national reputations, and the President's Circle, whose members pledge to donate \$2,000 annually to the College.
- Fulfillment of Admissions' goal to raise the quality of students, as evinced by the much-above average pass rate on Step I of the boards—including two consecutive years at 100 percent—for second-year medical students. The focus now is on boosting current research endeavors from

\$30 million to the \$40 - \$50 million range.

- Better image and attitude, both personal priorities—His relentless agenda extended to myriad community conferences and "President's Breakfast" for employees, and an improved student outlook due to steady upgrades in facilities and the planned Medical Education Center building. The WCBS radio campaign promoting the university and its quality alumni was financed by his President's Circle discretionary fund. And hiring an inspired dean, Ralph A. O'Connell, M.D., who lured five prestigious chairmen to fill departmental vacancies, was the icing on the cake.

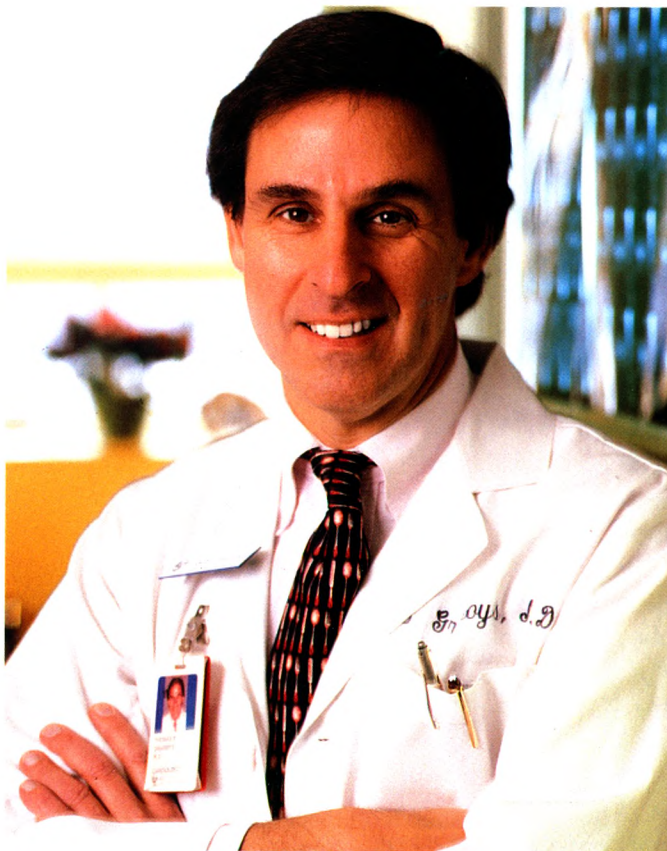
While New York Medical College is the longest assignment on Msgr. Barrett's CV, he denies a seven-year itch. "I'm not going anywhere. My plan is to stay here as long as I think, the board thinks, and the College community thinks I'm doing a good job. Living in an academic environment is sustaining and challenging," he says. "I'm still happy coming to work—most days." ■

To Heal the Heart One Must Console the Mind

The credo belongs
to Thomas B. Graboys,
M.D. '70, who specializes
in second opinions, quite
often for his colleagues.

It is one thing to disagree with members of your profession, it's another to shout it with your pen. So to say that Thomas B. Graboys, M.D. '70, is not an interventional cardiologist's best friend is indeed an understatement. Convinced that "well-meaning physicians are doing elaborate procedures that don't necessarily need to be done," the cardiologist has availed himself of such disparate forums as *The New England Journal of Medicine* and *The New Yorker* to air his opinions. His best platform may be an editorial, "Coronary Angiography," he wrote for the *Journal of the American Medical Association* last July. In it he bluntly states his conviction that the "growth of invasive cardiac procedures is attributable to...economics, overtraining of interventional cardiologists, fear and anxiety by patients and their families of imminent sudden demise [despite patients having stable symptoms], conflicts of interests between individuals and groups carrying out research...and the need of interventional cardiologists to perform a minimum number of procedures to maintain subspecialty certification.

"One could argue that the problem in the United States is that there are too many and not too few cardiac catheterization laboratories."



Thomas B. Graboys, M.D. '70

Poster child

His credibility in these matters is enhanced by substantial credentials: associate clinical professor of medicine, Harvard Medical School and Brigham and Women's Hospital; director of the Lown Cardiovascular Center and president of the Lown Cardiovascular Research Foundation, affiliated with the Harvard School of Public Health. Committed to the Lown foundation's charge of clinical research into the causes and treatment of heart disease, Dr. Graboys is also a heartfelt promoter of its mission: "a vision of medicine that joins scientific and clinical excellence with the art of healing...[to] help restore the bonds of trust and compassion between physicians and patients."

This is not only something he champions, but also a fixed, painful recollection of the beliefs he says were validated at the bedside of his wife. "The most significant event in my life and as a physician was the illness and death of my wife, Caroline [in 1998], from colon cancer," he says. "It made me realize what powerful healing can go on between a physician and a patient, and how important the support and advocacy of family and friends are. They all prolonged her life."

Nothing new

The overriding concern Dr. Graboys has with the psychological well-being of patients, as well as their physical condition, predates his personal tragedy. As a fourth-year student at New York Medical College, Dr. Graboys took an elective with Bernard Lown, M.D., the renowned cardiologist at Harvard who is famous for groundbreaking work in heart disease and cardiac arrhythmias, and development of the modern defibrillator and the cardioverter. During this rotation the seeds for cardiology were planted, to flourish later in a residency at Boston City Hospital, followed by fellowships at the School of Aerospace Medicine in Texas, and cardiovascular medicine at the Peter Bent Brigham Hospital. At its conclusion he was asked to join the faculty at Harvard.

Given that he had rekindled his relationship with Dr. Lown during that fellowship, Dr. Graboys also continued the cardiac research that soon earned him a staff position at Lown. In 1991 he was named director of the Lown Cardiovascular Center, the research arm of the entity founded and still chaired by Bernard Lown.

With the passing of time, Dr. Graboys gained a reputation for advocating a noninterventional approach to the management of stable coronary artery disease. An early highlight was the publishing of his editorial "Stress and the Aching Heart" by the New England Journal in 1984. It is still a frequently cited article. "But you should know that we are very aggressive in directing patients for bypass and angioplasty when they remain symptomatic despite an adequate medical program," he makes clear.

Diagnosis: stress

"In cardiac patients, the heart is literally aching. You can push pills or do interventions until you're blue in the face. Unless you understand the human condition and where the patient falls under that umbrella, you can't decide what treatment is best for them... The public knows stress is an independent risk factor in a coronary, but doctors won't acknowledge it. I've found that if you ask a patient when a symptom began, you will find out there was a major disaster in the family—some psychological stimulus that set off a cascade of problems," he says.

His patients are mostly referred by other cardiologists, including an inordinate number of cardiologists and cardiovascular surgeons who want their own second opinions. "I will tell you that our data show at least 50 percent who come for a second opinion don't require intervention and will continue to do well on medication," he says... "My position isn't popular, but there are people who agree with me."

Other interests

When his life turns to research and

teaching, Dr. Graboys is not so controversial. "We are in the business of outcomes research," he explains. "If you do A, B, C or D, will the outcomes be reflected in survival?" As principal investigator for a seven-year-old trial of some 1,000 patients, Dr. Graboys is tracking what happens *after* they get their second opinions—what procedure was done, who lived and who died.

His teaching prowess has continually earned the reward of students and faculty through excellence in teaching awards. Last year was the *piece de resistance*. Dr. Graboys was recognized as "an outstanding faculty member who is judged to be exemplary in their [sic] compassion and sensitivity in the delivery of care to patients and family members." This honor required nomination by medical students and resulted in his winning the second annual Healthcare Foundation of New Jersey Humanism in Medicine Award.

Dr. Graboys can tally numerous writing credits, including many that are not contentious. He currently serves on the editorial board of the *Journal of Noninvasive Cardiology* and formerly did so for the New England Journal. That he has a strong social conscience is evident from his work with Physicians for Social Responsibility. Yet with all these other interests, the bottom line for Dr. Graboys is still doctoring:

"We are privileged to be physicians. What other profession allows us entree to both the psychological and physical space? It was true 30 years ago when I graduated from medical school and it remains so today." ■

STUDENTS

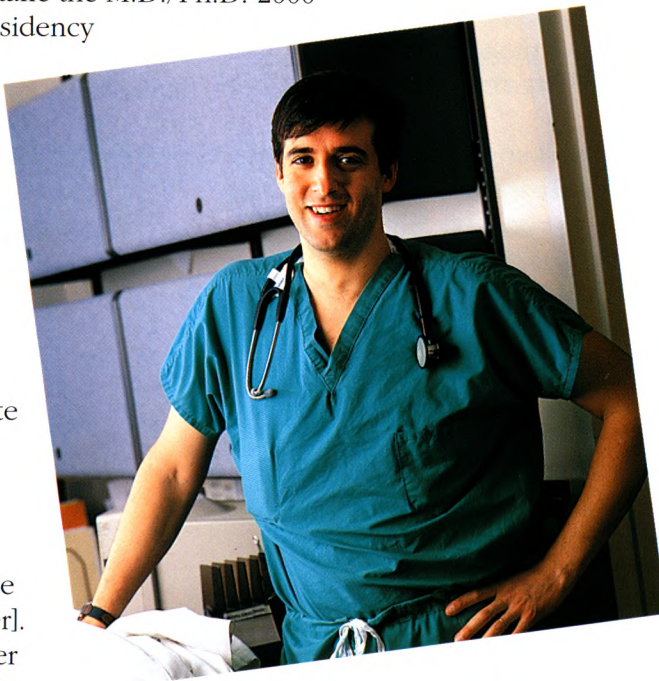
When One Degree Is Not Enough—With a Twist

There are three ways a New York Medical College student can cram in more knowledge in less time: undertaking M.D./Ph.D. and M.D./M.P.H. degree programs or enduring the Six Year, Combined Primary Care—M.D./Internal Medicine Residency Program. Representatives of each concentration readily reveal how and why they took on these challenges.

For **Robert Bernstein**, it's all about solving puzzles—how can we put this back together again? he wonders. With plastic surgery, of course. So after spending an entire decade in school, Bernstein will take the M.D./Ph.D. 2000 degrees and begin a general surgical residency at Stony Brook in Long Island. His nine-year grind worked this way: two years of classes in medical school, five years of research in physiology ("cardiovascular research just made sense") and two years of rotations to finish medical school.

Why so long? "Research projects take the time required. You set your own timetable," he explains. "In the graduate school you don't move on until you've reached a certain stage in research." The plastics decision followed two events: "After I sewed up someone I was complimented for it. It was also the burn unit [at Westchester Medical Center]. It was the most disturbing thing I've ever seen and I loved it. Burns are incredibly painful—physically and psychologically—and disfiguring. Actually, it all ties in with physiology—the patient's fluid balance and temperature regulation since the body has lost its skin, and afterwards, scar reconstruction. There is a lot of research potential working with burns," he says.

Has the long haul been worth it? "I would do it again exactly the way I did it. That's the best you can say about an experience," says the 30-year-old father of a baby girl.



Robert Bernstein

The only doctor in **Nikolaus Kashey's** family was Alois Alzheimer, his great grandfather's uncle for whom the disease is named. Born in Vienna and raised in New York City, Kashey was slated to get his M.D./M.P.H. degree this year, but decided to take a year off and work with under-resourced communities that don't readily receive health care. He spent half the year working for inner city shelters and a TB study in New York City, the other half on public health projects in Latin American countries. This interruption in his education evinces his "idealistic approach to medicine," he says. "It's the way I was raised. I really would like to spend a couple of months each year practicing abroad."

community," says the 27-year-old Kashey, who is currently working in the pediatric unit of a public hospital in Honduras.



Nikolaus Kashey

Kashey will apply for a combined medicine/pediatrics residency in 2001, but it is clear that his heart is in international health. "I'm really glad I did the M.P.H.," he says. "Striking out on a different path gives you some control of your destiny, a sense of individuality which you tend to lose in medical school—at least in your career path. The M.P.H. [in general public health] also provides something that is sorely lacking in medical school. Physicians need to know how the whole managed care system works, how the economy and payment structure work, which are becoming more and more important. Medical school teaches you how to care for a patient in the office. Public health teaches you to care for an entire

Gennie Yee and two others who complete the rigorous six-year combined primary



Gennie Yee

care internal medicine residency program at Saint Vincents this year have accrued more than savings of time and money. "Actually, I think it makes things easier because you don't have to spend time catching up on what you forgot. Besides, I just love the Saint Vincents program. You learn good clinical skills and there is a bunch of happy residents here," Yee says.

Begun in 1992 in conjunction with the university's primary care initiative, the six-year program combines the fourth year of school with the first year of residency. All 18 students who preceded Yee successfully completed the program, designed and administered by the Center for Primary Care Education and Research on the Valhalla campus, with a satellite office at Saint Vincents.

"You have to know early on in the third year if you want to do it," says Yee, whose B.A. degree in genetics and political science from the University of California at Berkley stemmed from a desire to be well-rounded in her studies.

"I thought about going to medical school in college, but I became positive I wanted to do it after I went to Mexico between my third and fourth years. I worked in a clinic, the Mexico Medical Caravan—it wasn't a van—spending most of my time with a young ob/gyn. Her interaction with the patients is what convinced me," Yee says. "I see the same thing at Saint Vincents, when patients tell me they keep coming back because of the good care." ■

Entrepreneurial Alum Straddles East and West for a Piece of the China Market

Ching-Hua David Wang, Ph.D '84,
promotes start-ups for U.S. and European firms
looking for pharmaceutical joint ventures.

"There is a saying in mainland China that if you haven't been in the USA, you haven't been to the world. Australia and Europe are not enough," imparts Ching-Hua David Wang, Ph.D. '84, a shining example of the many Chinese physicians and scientists who come to study in America. "To get master's and doctorate degrees you need to come here." Despite his revelation, it seems that China also has an extraordinary ability to keep its nationals who go abroad connected—witness Dr. Wang's home in Beijing as well as in Livingston, N.J. So deftly has he learned to reap the best of both worlds that at the age of 53, Dr. Wang is sought out as a start-up expert for healthcare and pharmaceutical companies keen to do business in China.

But if he is right that "China will become a democracy within 20 years," Dr. Wang will find himself with much more than his foot in the door. Since 1978 he has been conducting and promoting research, or enabling companies in the U.S. and Europe to

reach related Chinese pharmaceutical markets, which in a free economy would have everywhere to expand. Furthermore, from his very experienced viewpoint, Dr. Wang is willing to make another prediction: China and Taiwan will be one within 50 years. Now, historical, cultural and standard-of-living differences keep them apart. Doubters may recall that 50 years ago, no one believed that Hong Kong would ever be controlled by this same communist authority.



Ching-Hua David Wang, Ph.D '84

Big family

David Wang, as he is known, was born in Shantung, a peninsula near Korea that is famous for its silk and being Confucius' birthplace. (Officially having added "David" to his passport, he admits choosing this middle name first from the dictionary, then from the bible because he liked the story of David beating Goliath.) While his mother cared for David and his seven siblings (he was number 6), his father—a law school graduate who never practiced—had been appointed deputy governor on

the provincial level by Chiang Kai-shek. When Mao Tse-tung formed the People's Republic of China in 1949, the Wang family fled by commercial airliner to Shanghai, then by ship to Taiwan where dad became a government minister in the agricultural department.

"I believed Chiang Kai-shek that one day we would move back to the mainland and have to feed all those people," Dr. Wang recalls. "So I picked plant pathology, which involves botany and bacteriology, for my degree [a B.S. from National Chung-Hsing University in Taiwan]. But when I got to America I found there were no plant diseases, and that only 2 percent of the population were farmers. I decided to look for another interesting science and picked microbiology because I had had a lot of courses in undergraduate school."

Graduate degrees

With a sister living in New Jersey, Dr. Wang settled on Rutgers University for his master's in microbiology. While working part-time at American Cyanamid (now American Home Products) in Pearl River, N.Y., he heard about New York Medical College from a friend who was enrolled in the master's program in cell biology and anatomy. Before long he was a Ph.D. candidate in the laboratory of Joseph Wu, Ph.D., professor of biochemistry and molecular biology.

"I appreciate my academic training at the College and the mentoring I received from Dr. Wu and Dr. William Gutstein [professor emeritus of pathology]. They not only taught me well, but also gave me their vision and personal guidance for my life," says Dr. Wang.

Dr. Wu is equally complimentary: "David had the courage and determination to make a life in untapped territory at that time. He also gave up a very nice job [associate director of production and cell biology at Synaptic Pharmaceutical, Paramus, N.J.] in a small biotech company and went to the frontier land of China. With the support of his family, a little bit of luck and much self-sacrifice—he actually lived in a factory he was building, without plumbing, heat or air conditioning—he was able to build several factories from scratch. What an example of the entrepreneurial spirit of America!"

Back to China

That *entrepreneurial* word is what caught Dr. Wang's eye from an advertisement in the *China World Journal*, a Chinese language newspaper in New York City. "A pharmaceutical company was looking for someone with an advanced degree and entrepreneurial spirit. That was me," he says. So in 1992, Dr. Wang became vice president of Chia Tai (C.P.) Group and general manager of Chia Tai-Copley Pharmaceutical Co. in Beijing. Its parent company was a Thai multinational business with \$4 billion in annual sales from various industries and interests. His primary responsibility was to establish a new healthcare division, overseeing and managing its strategic planning, implementation, project development and operations in China. He did it all—four times, with different financial partners, and made Copley the first U.S. generic drug company established in China. (All drugs in China are over-the-counter except for narcotics and radioisotopes.) And he is not too shy to boast that his

idea to package the Zantac and Ampicillin generics together for the treatment of ulcers has been lucrative in the Chinese market.

For three years, Dr. Wang investigated more than 150 companies, negotiating, evaluating and then advising the home office about potential joint venture partners. The downside was he was only able to spend four months with his family in New Jersey. And, China always kept the bigger percentage of the joint venture deals. "But it was a very good period of economic growth," he smiles, adding that the Asian financial crisis that reached China three years ago has left the country currently in a recession. Still, by 1996, Dr. Wang was ready to move on. He spent three years in Hong Kong, commuting bimonthly to Amsterdam, for a multinational company based in The Netherlands. And then last September, with an offer of stock options, he became executive vice president of Rogerson International Group in Hong Kong, an investment and trading start-up specializing in healthcare, biopharmaceuticals and electronics in the greater China area. Yet with all his experience, like anybody in a new job, Dr. Wang is anxious: "It's a lot of pressure. I must perform."

He will still enjoy only four months at home in New Jersey, and continue to miss bagels, *The New York Times* and movies on Sundays when he's away. But the end is in sight. "I will retire at 65, and my wife and I will split our time between Beijing and New Jersey. I hope U.S. and Chinese relations are better by then, but I think it is always going to be a love/hate relationship," he says. ■

ALUMNI

A Wynn-Win Situation for Epidemiology and Psychiatry

After getting M.P.H. degrees so they could do research, two brothers from Myanmar (a.k.a. Burma) stay on to teach and provide patient care.

What sounds like a Horatio Alger fairy tale, with names that conjure up Abbot and Costello's *Who's on First* routine, is really a very thoughtful story of two brothers who came to the Graduate School of Health Sciences (GSHS) at New York Medical College for M.P.H. degrees and never left. In many ways their chronicles are identical—family practice physicians with a thirst for research in a land with limited opportunities. Formerly Burma, the country has one of the longest-running military governments where ethnic minorities have been struggling for autonomy from the government since its independence from Britain in 1948. The brothers do not talk about the land of their birth (Myanmar means Burma in Burmese), where their mother and other relatives still live.

The dramatis personae are these: Pe Shein Wynn and Pe Thet Win. Pe Shein Wynn came to America in January 1989. He is the middle of three children, all doctors, who are married to doctors. Pe, which has no special meaning, likes to be called Wynn; the Shein means "born on Wednesday." His brother Pe Thet Win, a year and one-half younger, followed him to the states in January 1992. He prefers to be known as Pe Thet; the Thet means "born on Friday." The reason they spell Wynn/Win differently is just personal preference since there are no last names in the Burmese language.

Pe Shein Wynn, M.D., M.P.H. '91

The first time Dr. Wynn came to Valhalla he was bringing his father for treatment of liver cancer. Westchester Medical Center had been recommended by his psychiatrist cousin, Khin Maung Soe, M.D., from Middletown, N.Y. When he wasn't visiting his father, Dr. Wynn was walking the campus. He came across two counselors who were able to give him the advice and later, the support he was seeking—Cathey E. Falvo, M.D., M.P.H., program director, international and public health, GSHS, and Ravinder Mamtani, M.D.,



Pe Shein Wynn, '91 and Pe Thet Win, '94

professor of community and preventive medicine, School of Medicine. Six months after he took his father home to die, Dr. Wynn was matriculating in epidemiology/biostatistics and struggling to learn English.

"When somebody said to me, 'What's Up?' I looked up. Or 'what's cooking,' and 'that's cool' even though I thought it was warm. I had to learn colloquial language," he laughs. Now, steeped in the vernacular, there is "no problem"—except perhaps, keeping all his faculty appointments straight. He is a lecturer in the GSHS, and serves the School of Medicine as assistant professor of psychiatry and behavioral sciences and as clinical instructor in the Department of Community and Preventive Medicine. And since July 1998, he's been practicing as an attending psychiatrist and assistant unit chief for inpatient services at the Behavioral Health Center of Westchester Medical Center.

Another residency

Although still passionate about psychiatric research, Dr. Wynn decided he wanted to treat patients if he was going to stay in the U.S. So after completing a four-year residency in psychiatry at the Behavioral Health Center, Dr. Wynn proceeded to combine the epidemiological methods he learned from Health Sciences with his clinical interests. For instance, after discovering an association between asthma and out-of-control behavior, he presented "Is Bronchial Asthma a Predictor of Behavioral Dyscontrol?" at the American Psychiatric Association annual meeting two years ago. Last year's contribution was "Fire Setting in Comorbid Adolescents." For teaching him the basic epidemiological methods of clinical research, Dr. Wynn is eager to give "significant credit to my colleague Dr. Albert Lowenfels [professor of surgery], who has been very important in my life."

One might say Dr. Wynn has created his own niche, especially with his secret weapon. He is the only staff psychiatrist in the Behavioral Health Center who treats patients with acupuncture, the alternative therapy he learned in Burma while practicing in the family clinic. To become certified in America, he signed on with Dr. Mantani, by then his friend and colleague, who teaches the only medical school course in acupuncture approved for licensing healthcare professionals in the State of New York.

"I intend to do research combining acupuncture and pharmacology with psychotherapy," he says. "I have all the weapons in my hand. I only need to launch them."... Even though I have had other offers, I am going to stay here because of the leadership of Dr.

[Joseph] English and Dr. [Lawrence] Levy [Department of Psychiatry chairman and medical director, respectively]. This department is going somewhere!"

Pe Thet Win, M.D., M.P.H. '94

"My brother and I had been very close, so when he came here I followed his pathway," says Dr. Win. Only symbolically though since Dr. Win lives on the grounds of the VA Hospital at Montrose, N.Y., where his wife is an internist. The Wynns (she is a psychiatrist) and their son live in a house in Hawthorne. Another difference is that he was single and his brother was already married when they left Burma. Dr. Win wound up meeting his wife in New York City, but she was no stranger; they had been classmates in medical school.

Plainly following in his brother's footsteps, Dr. Win already has his master's in epidemiology. As a student, he taught in the graduate school, assisting Paul Visintainer, Ph.D., program director of health quantitative sciences. His research career began in earnest after he was appointed assistant professor and research associate by the Mount Sinai School of Medicine. But when *his* itch to practice medicine resurfaced, Dr. Win never wavered in his resolve to train here. His residency in psychiatry ends in 2002.

The CV

Like his brother, Dr. Win retains the Health Sciences faculty appointment of *lecturer*. He teaches "Computers in Health Sciences" one night a week in the Learning Center, but not all by himself. Dr. Win gets a hand from Dr. Wynn, who sometimes has to go it alone when Dr. Win's on-call duties get in the way. This core

course—a requirement for all M.P.H. candidates—also provides the opportunity for them to see each other. Though they are both involved in teaching, it is Dr. Win who works one-on-one with the students. "I sit down with those who are really frustrated. They don't have to become experts, but they should understand what they are doing," he says.

After his residency, Dr. Win expects to stay in academic medicine, though he says, "it's too early to tell now." Preferring to discuss the past rather than the future, he says, "I particularly owe Dr. Visintainer for the research skills and knowledge he has shared with me. However, I'm finding that I like talking with patients, and I've learned that I can treat them without drugs, though I think a combination of drugs and therapy is probably best..."

When the conversation returns to his love for research, Dr. Win drops an unsolicited testimonial that should earn him an award: "In this academic environment, I could not be doing research without the M.P.H. degree, and I must acknowledge the help I've received from Drs. Visintainer, Falvo and [James] O'Brien [vice-dean of the GSHS]. I've been recommending this program to my friends. There are three people here already from Burma and now I'm working on a friend from England to come here, and his wife is considering an M.P.H. also." So it comes as no surprise that when he is not recruiting or busy with residency duties, Dr. Win can be found doing clinical research on the treatment of depression with Robert Feinstein, M.D., associate professor of psychiatry and director of psychiatric residency training. ■

Alumni Association Raises \$2 Million for Endowed Chair in Biochemistry

The Alumni Association set several records last year, raising a total of \$2 million to endow a chair in biochemistry and completing the last of a series of annual fund appeals targeted for that objective. The contribution is the largest ever made by alumni for a specific purpose. Moreover, it established the first alumni-endowed chair as well as the first basic science-endowed chair in the history of the College. The first recipient of the chair is Ernest Y.C. Lee, Ph.D., professor and chairman of the Department of Biochemistry and Molecular Biology since 1997. The official dedication of the endowed chair was held May 9th at the Alumni Center.



Ernest Y.C. Lee, Ph.D., recipient of alumni-endowed chair in biochemistry.

By way of background, endowed chairs are typically established to attract top talent to an institution; they assure availability of funding for competitive salaries. In his letter to alumni promoting the fund-raising appeal, **Michael A. Antonelle, M.D. '62**, former president of the Alumni Association, wrote, "Our academic programs need continuous financial nurturing in order to attract and retain our superb faculty. Our decision to encourage support for the alumni-endowed chair in biochemistry addressed the desire to establish a legacy symbolic of the excellence of the College and the medical leadership it produces."

Dr. Lee confirmed that when he was offered the position of department chair, the College also made a commitment to naming him to the proposed endowed chair in biochemistry. He indicated that the commitment was a powerful inducement to join the College as well as an exceptionally great honor because the chair is alumni-endowed. "It is extremely heartening to me that the endowment came from alumni," said Dr. Lee. "I think the endowed chair is a visible sign that our alumni realize that the College was very special to them and that it needs their support. An alumni-endowed chair is particularly important for the College because it is in keeping with what I feel is true about the school. We are very committed to our students. We are very much a community, and collectively we can make a difference. Our alumni can be a very powerful force in shaping the future of this College."

While Dr. Lee clearly appreciates the significance of the alumni endowment, the alumni are also acutely aware of the importance of attracting first-rate basic science faculty. **Louis E. Fierro, M.D. '60**, current Alumni Association president, says, "We decided to target the basic sciences in our fund-raising appeal because we want top-quality basic scientists and researchers at the College. The basic sciences are a significant part of training for future physicians. Basic scientists show us what is happening on the microscopic level; they give us the tools and teach us the physiological concepts, and we institute them clinically. A strong basic science background develops a higher quality clinician."

For Dr. Lee, the key to his work is to strike a harmonious balance between educating medical students and generating high-level research. "I came here," he says, "to build a community of scholars and researchers." His department's research includes studies on enzymology, molecular genetics, neurobiology and the molecular basis of Lyme disease. Dr. Lee's own research is the study of phosphoprotein phosphatases, which are important regulatory enzymes affecting a range of cellular processes. ■

ALUMNI FAXS

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A Letter From Louis E. Fierro, M.D. '60



I am delighted and honored to once again assume the presidency of the New York Medical College Alumni Association. The last time this honor was bestowed on me, 1989 to 1993, it was a different millennium and at a very different time and place financially for the College.

One of the most important new projects at the College today is the planning and development of our first new academic building to be constructed on campus in the last 30 years. The Medical Education Center, which will be located next to and directly in front of the Basic Sciences Building, will provide the College with a 21st century teaching and learning environment for our students and faculty. At the heart of this new center will be one of the most important teaching laboratories for all medical students, residents, faculty and alumni—a new, modern Gross Anatomy Laboratory

As president of the Alumni Association, I have had the great opportunity to be part of the planning for this new center. I am excited that the College has committed itself to raising the needed funds to create the physical environment needed to sustain the rising quality of our students and advance support for research and other sponsored programs. I have expressed my personal opinion about the importance of gross anatomy as the core of medical education and committed myself to leading the effort to secure the needed funds for this facility. I hope to encourage all College alumni to learn about this project and to support it financially.

Fellow alumni, my thoughts keep coming back to what we have in common—that first day in the anatomy lab and the sense of bewilderment as we approached our cadavers. I am also reminded of the successes that we have achieved because of our education. As alumni of New York Medical College, our careers are forever joined in a bond that can never be broken, making us responsible to do everything we can to foster and sustain the quality of our university's medical education. Please do all that you can to support this critical project.

If you have any questions or wish to help contribute to its success, I encourage you to contact me or Julie Kubaska, director for university alumni relations, at the Alumni Center (914/594-4556).

I am delighted to announce the appointment of four new members of the Board of Governors of the Alumni Association. Please welcome **Louis V. Angioletti, Jr., M.D. '66**, **Stephen J. Nicholas, M.D. '86**, **Charles W. Episalla, M.D. '88**, and **Christopher F. Riegler, M.D. '88**. In the coming months I hope to make known the addition of other new members who will continue our emphasis to include alumni who are more recent graduates.

Best regards,

Louis E. Fierro, M.D.

To the Manor Born

It's not at all surprising that **Louis E. Fierro, M.D. '60**, became president of the College's Alumni Association for the second time last year. He seems by nature equipped to be a leader of the alumni, for there is barely a major event in his life that was not connected to the College. "New York Medical College has always been part of my life," he says. "I was born at Flower Hospital on York Avenue and 63rd Street and was delivered by **John E. Tritsch, M.D. '18**, who was president of the Alumni Association from 1939 to 1941. When I was four, I had my tonsils taken out by **J.A.W. Hetrick, M.D. '18**, who later became dean and president of the College. Two of my uncles were College

graduates, **Eugene A. Fierro, M.D. '28**, a surgeon, and **Frank E. Fierro, M.D., '33**, who was chairman of the anesthesiology department from 1956 until 1972, when he became professor emeritus. He was also president of the Alumni Association from 1962 to 1965. During my childhood, my uncles talked about the medical school whenever we gathered for huge family Sunday dinners at my grandmother's home, on Mulberry Street in Little Italy." Those uncles also married nurses who attended the College when it offered a graduate nursing degree, during the 1960s. And last, but certainly not least, his daughter, **Caroline Angela Fierro, M.D. '95**, carried on the tradition. She is now assistant professor

in ob/gyn at University Hospital in Stony Brook, L. I.

Dr. Fierro's medical career, like his personal history, has been closely connected with the College ever since his student days. He interned at Lenox Hill Hospital, which was a College affiliate from 1977 to 1989, and did his residency in anesthesiology at another affiliate, Metropolitan Hospital Center. A clinical associate professor of anesthesiology, he was chief of service in anesthesiology at Flower and Fifth Avenue Hospital until 1974, when he became director of anesthesiology at Lenox Hill, a position he held until his retirement in 1997. During his tenure there, he introduced sophisticated modalities into the

operating room to monitor and change a patient's physiological state from moment to moment. This made it possible for surgeons to perform intricate surgical procedures that previously were not feasible. At Westchester Medical Center, Dr. Fierro served as associate attending in anesthesiology from 1969 until he retired.

Given this extraordinary kinship with the College, it was natural for Dr. Fierro to become deeply involved with alumni activities. He has been on the Alumni Association board of governors since 1968 and served his first term as president from 1989 to 1993. In recognition of his service, the Alumni Association awarded him a

President's National Advisory Council Explores Challenges to Clinical Medicine

Members of the President's National Advisory Council and New York Medical College officials assembled in White Plains, N. Y. last October for their fourth annual meeting which targeted the pressing topic of how to structure and run clinical departments in the current medical school environment. The members attended "Medicine at the Millennium—Looking at the Past, Planning for the Future," a conference of esteemed presenters held at The Performing Arts Center in nearby Purchase on the first day of the gathering. Participating was council member, Kenneth I. Shine, M.D., president of the Institute of Medicine, National Academy of Sciences, who was a featured speaker.

The President's National Advisory Council is the brainchild of President Rev. Msgr. Harry C. Barrett, who aimed to tap into the experience and resources of prominent alumni who now lead other medical schools and health centers by getting them actively involved in College affairs. The group was later expanded to include healthcare leaders who are not alumni.

Ten of the thirteen members who attended the meeting were alumni. Faculty presenters also included alumnus **Salvatore A. Chiamida, M.D. '74**, professor of clinical medicine who practices at affiliated Our Lady of Mercy Medical Center in the Bronx, and **Leonard J. Newman, M.D. '70**, professor and chairman of the Department of Pediatrics.

Following opening remarks by Msgr. Barrett and a state-of-the-College presentation by Ralph A. O'Connell, M.D., provost and dean of the School of Medicine, nine faculty leaders detailed case studies of their clinical departments. In the give-and-take discussion afterwards, some of the members described situations in their own institutions, suggesting different structures or models and indicating possible solutions to problems.

In commenting on the purpose of the gathering, **Catherine S. Halkett, M.P.H., '87**, vice president of university planning and institutional research and of university development, says, "The problems our clinical departments confront in today's changing environment are faced by clinical departments nationwide. The departments must find a way to continue to deliver quality

(continued on page 34)



Members of the President's National Advisory Council who met in October included, from left, **Kathleen G. Nelson, M.D. '71**, professor of pediatrics and associate dean for students at the University of Alabama School of Medicine, and **Kenneth I. Shine, M.D.**, president of the Institute of Medicine, National Academy of Sciences, with **Rev. Msgr. Harry C. Barrett, D.Min., M.P.H.**

Milestones

1990s

Jay Michael S. Balagtas, M.D. '98, completed his pediatric internship at the Naval Medical Center, San Diego, and is now serving as the general medical officer on board the USS Camden (AOE-2) stationed in Bremerton, Wash.

Maria Luisa Cotrina, Ph.D. '98, M.S. '95, a resident of Madrid, Spain, placed as one of five finalists in competition for the 1999 Council of Graduate Schools/ University Microfilms International Distinguished Dissertation Award in the field of biology and life sciences. Dr. Cotrina received her degrees in cell biology and anatomy.

Arthur A. Blain, M.D. '96, reports that he started the Bolling AFB Family Practice Clinic, Diabetes Clinic and Disease Management Program in Washington, D.C.

Laura B. Thomas, M.D. '96, and **Mark R. Shafer, M.D. '96**, of Philadelphia, proudly announce the birth of their son, Daniel Benjamin, in August.

Dale Frances Wilson, M.D. '96, announces to the Class of '96 that she will be married on June 10 to Philip John Sasso at the Presbyterian Church of Chestnut Hill in Philadelphia.

Matthew A. Bank, M.D. '95, is completing his chief residency in surgery at Long Island Jewish Medical Center and is applying for fellowships in surgical critical care/trauma.

Bradley S. Cash, M.D. '95, has been appointed medical director of Subacute Rehabilitation at Florence Nightingale Health Center in New York City.

Gregory L. Cohen, M.D. '95, is "enjoying ophthalmology practice in beautiful Reno, Nev. With a three-year-old daughter, and another on the way, life is in full bloom."

Michelle May Koellermeier, M.D. '95, finished her residency in June and is working as an ob/gyn for the U.S. Navy at the marine base naval hospital at Twenty-Nine Palms, Calif. She and her husband, Jacob, are expecting a baby girl in December.

David Lin, M.D. '95, is a second-year cardiology fellow at North Shore University Hospital in Manhasset, N.Y.

Dana Jane Saltzman, M.D. '95, reports she has attained her long-term goal of "working as an HIV/AIDS doc at the amazing St. Luke's-Roosevelt Hospital Center." She also proudly announces that her daughter, Sammy Rose, who lived with her on the College campus, became a Bat Mitzvah.

Marco Bailon Saucedo, M.D. '95, has joined the Women's Center in Nogales, Ariz. His appointment was made possible through the federal Health Resources and Services Administration's National Health Service Corps. It provides scholarships and funds loan repayments for primary care clinicians who practice in areas with a shortage of health professionals.

Mokarram Jafri, M.D. '94, recently joined the anesthesiology staff at Southwestern Vermont Medical Center in Bennington. He is married to classmate **Jill A. Gradner, M.D. '94**.

Reza David Seirafi, M.D. '94, is in private practice in Jasper, Ala., where he lives with his wife, Trudie, and daughter, Alexandria.

Robert E. Stark, M.P.H. '94, is now executive director of Hacienda de Monterey, an assisted living community in Palm Desert, Calif. He received his degree in health services.

Steven M. Gold, M.D. '93, reports that he completed his residency at the University of Cincinnati in 1998, is board certified in otolaryngology and head and neck surgery, and is practicing in Englewood, N.J.

David A. Levy, M.D. '93, recently moved to Burnsville, Minn.

Adam T. Nomberg, M.D. '93, and his wife, Andrea, "are proud to announce the birth of our second child, Julia Sue, in December." He is currently practicing ophthalmology on Long Island, N.Y., and can be reached at zoya29@aol.com.

Maria Torroella Carney, M.D. '92, has both faculty and staff positions in geriatrics and internal medicine at Winthrop University Hospital in Mineola, N.Y. She married Joseph Carney in 1993; they have two children, Grace, 4, and Joseph, 2.

Katherine J. Clark, M.D. '92, is practicing internal medicine with Thomasville Medical Associates and will become a partner within the next year. She and husband Paul Uliana "are the proud parents of Ryan, 3½, and Samantha, 2." They make their home in Lexington, N.C.

Daniel J. Glatt, M.D. '92, M.P.H., left service with the U.S. Navy in August after seven years of active duty, and started an addiction medicine fellowship in San Francisco. He and his wife, April, are expecting their first child in January.

Philip P. Goodwin, M.D. '92, has joined an internal medicine practice in Palm Coast, Fla.

Julie Roth Greenstein, M.D. '92, and her husband, Barry, live on Long Island, N.Y., and have two children, Kenneth Scott, 4, and Rachel Emily, 10 months.

Joseph F. Voli, M.D. '92, completed his general surgery residency at New York Hospital-Queens and will begin a plastic surgery fellowship at St. Louis University in July.

Fred W. Axelrod, M.D. '91, recently joined Greenwich (Conn.) Anesthesiology Associates. He lives in Manhattan with his wife, Susan, and two sons, Jake, 6, and Kyle, 2^{1/2}.

Toni R. Huebscher Golen, M.D. '91, of Brookline, Mass., married James Golen in June 1999.

Virginia L. Gray-Clarke, M.D. '91, moved from Westchester County, N.Y., and joined a practice at Sharon (Conn.) Pediatrics in September. She and her husband were looking for a more rural setting in which to work and start a family; they are buying a home in Cornwall Bridge.

Roman O. Bilynsky, M.D. '90, finished three years in Germany and is back in El Paso, Tex., "enjoying the change of weather." He is still in the Army at William Beaumont Army Medical Center at Fort Bliss and once a month also runs a pediatric neurology clinic at Fort Huachuca, Ariz.

Mara J. Daidone, M.D. '90, completed her obligation to the United States Air Force in September. She joined West Shore Surgical Associates, a private group in southern Maryland, as a board-certified otolaryngologist.

Gary D. Dunn, M.D. '90, has finished a fellowship in colon and rectal surgery and joined a practice in Shreveport, La. "I have a wonderful wife, Denise, and our son, Joseph, is 4."

Donna M. Lanthier, M.D. '90, has joined SW Florida Rehab and Pain Management Associates in Cape Coral and writes that she is "happily living in southwest Florida with husband Larry Castillo, M.D., and their two children, ages 7 and 4." She reports that she "recently ran into fellow classmate Alan Harmatz, M.D. '90, in a restaurant down here!"

Tamara J. Hoover, M.D. '90, is a staff emergency physician at the Naval Medical Center in San Diego. She writes: "Survived breast cancer in 1997 and married Dan Smothers in 1998! A typical government employee, I waffle daily about staying in the Navy or graduating to a civilian."

Elaine Klinge Schwartz, M.D. '90, reports she is a partner with her husband, Michael D. Schwartz, M.D., in the pulmonary/critical care practice of North Colorado Heart and Lung Clinic in Greeley. Recently named a fellow of the American College of Chest Physicians, she is also director of the critical care unit at North Colorado Medical Center.

Susan A. Sgambati, M.D. '90, finished her general surgery residency at the University of Connecticut (including three years of research at Yale) as well as a fellowship in colon and rectal surgery at the Mayo Clinic in Rochester, Minn. She is now an assistant clinical professor of surgery at the University of Colorado in Denver. She recently married Bill Quillen and can be reached at sgambati@colondoc.com.

Joanne P. Starr, M.D. '90, finished training and is an attending congenital heart surgeon at the Heart Institute for Children in Oaklawn, Ill.

1980s

Mark J. Letzter, M.D. '89, has started a general surgery practice in Kennett, Mo.

William Thomas, M.D. '89, and **Carol (Scarso) Thomas, M.D. '89**, report that Carol, who is in a group ob/gyn practice in Rockville, Md., recently delivered Noah Green, the second child of **Lawrence J. Green, M.D. '89**, and his wife, Allison.

Robert Michael Yacynych, M.D. '88, and his wife Marianne announce the birth of their fourth child, Michael Robert, in July 1999. "Eddie, David and Janette are happy to have a little brother and are doing well, too."

William J. Kaiser, III, M.D. '87, writes that he, wife Shannon and their son, Willie, are doing well in El Paso, Tex. They look forward to welcoming a sister for Willie in December. "Shannon was promoted to Lieutenant Commander and is chief of dental services at La Tuna Federal Penitentiary. Bill was promoted to Lieutenant Colonel in the Army and is still chief of vascular surgery at William Beaumont Army Medical Center."

Randi Salzman Feldman, M.D. '86, reports she recently merged her pediatric practice with friend and classmate **Georgina Leylegian, M.D. '86**, in Mount Kisco, N.Y. "I am blessed with two wonderful children, Jeremy, 11, and Ali, 8^{1/2}."

Peter E. Bentivegna, M.D. '85, writes: "CLASS OF '85: 15-year reunion on Cape Cod?"

Elizabeth M. Clark, M.D. '85, is a clinical assistant professor in the departments of geriatrics and medicine at the Mount Sinai School of Medicine in New York City. She is also medical director of Coffey Geriatrics Associates at Mount Sinai Hospital, an interdisciplinary primary care geriatrics practice.

Eileen McNerney, M.D. '85, reports she has not been practicing anesthesiology since May 1998 because of complications of chronic Lyme disease. "Much to my surprise, I'm a stay-at-home mom, but enjoying it (my daughter, not my illness!)."

Molecular Biologist Leaves the Lab for Science Writing

Dominic De Bellis, Ph.D. '91, M.S. '87, claims he had his epiphany about six years ago while he was busily engaged as a research assistant professor in New York Medical College's then experimental pathology department. He was collaborating on a grant proposal to the American Heart Association to fund his research on gene transfer methods in a study of endothelial cells and atherosclerosis, when he realized that he thoroughly enjoyed

the writing and wanted to give it a try professionally. He did receive the grant award, but then returned it, having decided to set himself up in business as a full-time, independent scientific and medical writer/editor. Dr. De Bellis subsequently established his own company, Dominic De Bellis Associates, Inc., in Carmel, N. Y., where he writes and edits material ranging from basic, preclinical research to cutting-edge clinical studies on new drugs. He has also covered nearly 40 international medical and scientific meetings, writing newsletters and articles for trade publications.



Dominic De Bellis, Ph.D. '91, M.S. '87

Dr. De Bellis received his M.S. degree in biochemistry working under Martin Horowitz, Ph.D., and completed his Ph.D. with Ira Schwartz, Ph.D. "I consider both of these men dear friends and amazing scientists," says De Bellis. He went on to postdoctoral studies at Hunter College and then was asked back to the College by Michael B. Stemerman, M.D., former chair of the experimental pathology department, to develop a gene transfer program. Regarding his work, De Bellis says, "We were studying ways of introducing genes into the endothelial cells that line the coronary arteries to possibly slow down or intervene in the process of cholesterol buildup. It was all extremely novel basic science, and a year later when I left, we were still trying to work out the difficult mechanics of the transfer process. Today, this kind of work has evolved into the whole concept of gene therapy."

According to De Bellis, he worked toward his Ph.D. without ever thinking of becoming a writer. However, once writing became his career, he found that having advanced science training was a tremendous asset that allowed him to grasp diverse clinical subjects very quickly. He also chose to work free-lance because he always wanted to develop a business of his own.

Was it easy? "The first three years were exquisitely difficult," he says, "but I pulled through and met my goal of forming a small corporation and having a handful of people work for me on a contractual basis, because when you invest so much of your being it's hard to let go." In those early years, he worked very hard to develop his writing skills and took classes and workshops in writing for different audiences. He found this necessary because "medical communications spans everything from

(continued on page 34)

Practice Begins With A Triple Play

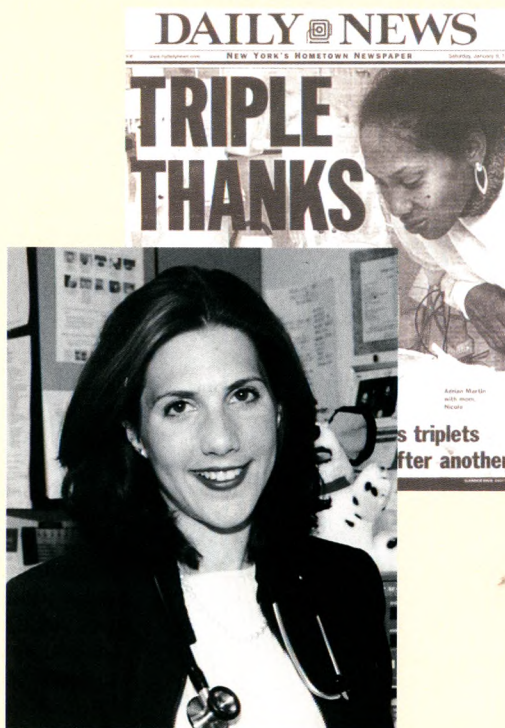
Not many doctors get to save the lives of tiny triplets who suddenly stop breathing, minutes after each other. **Debra H. Etelson, M.D. '95**, found herself doing exactly that just six months after she began practicing pediatrics.

Dr. Etelson is assistant professor of pediatrics at NYMC and an assistant attending physician at Westchester Medical Center, where for one week each month, she supervises general pediatrics admissions and care. She works closely with residents and students, gives lectures and takes part in clinical correlation studies. The rest of her busy schedule is spent seeing her own patients at Children's Physicians of Westchester at 19 Bradhurst Avenue in Hawthorne, N. Y., the private faculty practice comprising 50 pediatric generalists and subspecialists who are affiliated with the College.

In January of last year, David and Nicole Martin brought their five-week-old triplets to Dr. Etelson's office for a checkup. The boys had been born three weeks prematurely at Westchester Medical Center, and all three were sick with common colds. Upon examination, she found them to be clinically stable, but knowing the potential danger a virus presented to infants, decided to admit them to Westchester Medical Center. Dr. Etelson was making the arrangements over the phone when a nurse ran in and told her that one of the triplets had stopped breathing and was turning blue. Dr. Etelson had no sooner resuscitated John when suddenly, a second triplet, Ciaran, stopped breathing in another room. As she rushed to revive him, Dr. Etelson yelled to the staff to call a pulmonologist in the office. Moments later, the third triplet, Adrian, began having difficulty breathing. "When the ambulance arrived, one or two of the babies were incubated. The other doctor and I literally scooped up all three babies, ran with them to the ambulance, and got them to the hospital emergency room, where a crew of physicians were waiting for us," says Dr. Etelson.

"It was scary. It happened when I had been in practice only six months after completing my residency," she says. "Usually two physicians are in the office, but that morning I was the only one there. I just thank God it worked out well. It was probably one of the most gratifying things that ever happened to me, but I wasn't really happy until they were breathing on their own. They're fine now. They're these huge, beautiful triplets. Now they come in and tear apart the waiting room."

In addition to practicing and teaching, Dr. Etelson spends one day a week at affiliated



Debra H. Etelson, M.D. '95

Saint Vincents Hospital and Medical Center in New York City, studying childhood obesity, and parental awareness of childhood nutrition and the risks of obesity. The work is funded by a fellowship awarded her by the College's Center for Primary Care Education and Research, which fosters clinical research in a primary care setting. "I've seen a tremendous increase in childhood obesity," Dr. Etelson says. "My research will look at what is occurring in the home environment to cause this. My final goal is to educate parents in preventive measures."

Dr. Etelson has grown accustomed to the limelight. The story about saving the triplets appeared on the front page of New York's *Daily News* and was carried in *The Journal News*, the local Gannett newspaper, and the *Rockland County Times*. She was also a featured pediatrician in a special education supplement last year in *The Journal News*, and was interviewed on Westchester's News 12 TV—twice in relation to the story of the triplets and once for comments after a toddler drowned.

Dr. Etelson is married to Adam Mayblum, and they presently live in Hartsdale, N. Y. She grew up in Rockland County, where her parents still reside. She is full of praise for New York Medical College and its faculty: "All the subspecialists on campus are very strong. It's a very comfortable feeling to know that I'm working with colleagues that I have full confidence in." ■

Thomas J. Pacicco, M.D. '85, and **Elaine L. Grammer-Pacicco, M.D. '85**, write that Tom is active in a multispecialty group doing GI, while Elaine is in private pediatric practice in Charlotte, N.C. Tom also keeps busy coaching football and baseball. They have two sons, Thomas, 12, and Michael, 10, and a daughter Elise, 8.

Irene A. Schulman-Cohen, M.D. '85, and her husband, Barry Cohen, have a son Jason, 2, and are expecting another child in May.

Joseph S. Cervia, M.D. '84, has accepted "an outstanding personal and professional opportunity" as director of the Comprehensive HIV Care and Research Center at Long Island Jewish Medical Center, and associate professor of medicine and pediatrics at Albert Einstein College of Medicine.

Kevin C. Delahanty, M.D. '84, is chief of the medical staff at the Naval Hospital of Camp Lejeune, N.C.

John Morgan Cosgrove, M.D. '83, became chief of surgery at LIJ—North Shore University Hospital at Forest Hills, N.Y. last July. His responsibilities include day-to-day operations and long-term strategic planning for general surgery and surgical subspecialties.

Philip R. Goldstein, M.D. '83, practicing interventional cardiology in Norfolk, Va., is married, and has one child, age 2½.

Carey S. Goltzman, M.D. Fifth Pathway '83, continues as chief, pediatric critical care medicine at NYMC and director of the pediatric intensive care unit at the Children's Hospital of Westchester Medical Center since 1994. A participating lecturer at a conference on pediatric trauma at the College in November, he discussed the role of the pediatric intensivist.

Michael R. Barboni, M.D. '82, is living on Long Island, N.Y. and working as a medical review officer for the Doctor's Review Service.

Harriet E. Dickinson, M.D. '82, writes, "Hello to all. Still at New York City Transit Authority. On the committee of the College's Dr. Johanna P. Hagedoorn Scholarship Fund."

Alfred L. McKee, Jr., M.D. '82, is in his second year at the Pain Management Center at Baystate Medical Center in Springfield, Mass. He practices the medical management of chronic pain from cancer and other causes.

Alan H. Morelli, M.D. '82, writes that he is still very busy in private practice in pediatrics and adolescent medicine as a partner in New England Pediatrics, L.L.C., with offices in Stamford and New Canaan, Conn. "And three children, Alex, 8, Nicholas, 6, and Anastasia, 2—all fine!"

Reduto Appointed to Leading Hospital Post



Lawrence A. Reduto, M.D., '72, cardiologist, became executive vice president, medical affairs, and medical director at St. Francis Hospital in Roslyn, N. Y. last July. He is responsible for coordinating and overseeing the activities of the medical staff, including determining credentials and practice guidelines, and maintaining the high quality of medical and surgical services. Dr. Reduto has been on the medical staff of the hospital since 1981 and served as director of medicine and cardiology for five years prior to his new appointment.

St. Francis Hospital, a member of Catholic Health Services of Long Island, is New York State's only specialty-designed cardiac center and performs more open-heart surgeries and cardiac catheterizations than any other center in the state. In addition to his service at the hospital, Dr. Reduto has been clinical assistant professor of medicine at Columbia College of Physicians and Surgeons since 1993. He was formerly a clinical associate professor of medicine at NYMC from April 1987 to June 1998. ■

Brian K. Solow, M.D. '82, continues to practice family medicine in Irvine, Calif., and teaches and lectures on managed care issues. "Miss my fellow alumni, especially my father, **Robert A. Solow, M.D. '48** [deceased]."

Peter A. Galvin, M.D. '80, is serving the first year of a two-year term as president of the medical board at Peninsula Hospital Center, Far Rockaway, N.Y.

Christopher J. Kaczmarek, M.D. '80, relocated to Columbus, Ohio, early in 1999 and joined the Bariatric Specialists of Ohio practice. He specializes in bariatric surgery, performing the Roux-en-Y gastric bypass procedure for the treatment of morbid obesity.

Joanna F. Shulman, M.D. '80, writes that since December 1998, she has been medical director, ambulatory care, in the ob/gyn department of The Mount Sinai Medical Center in New York City, and since October 1999, the residency program director.

1970s

V. Rachel Phillips, M.D. '79, is a child psychiatrist and psychoanalyst, practicing in Manhattan. She writes that she is happily married and has two school-aged children.

Jack A. DiPalma, M.D. '78, is professor of medicine and director, division of gastroenterology, at the University of South Alabama in Mobile.

James E. Jenks, M.D. '78, announced his marriage on November 13, 1999, to Denise Anne Barber in New Hartford, N.Y.

William Zarowitz, M.D. '78, joined a private practice—internal medicine, pulmonary, and critical care group in White Plains, N.Y.—in January 1999, after working more than 17 years in managed care. "So far, it's a refreshing change and it has rejuvenated me. I intend to continue teaching primary care to NYMC students at my new office."

Douglas A. Byrnes, M.D. '77, of Huntington, N.Y., reports that wife Kathleen Byrnes, R.N., is supervising an office practice and may pursue a career in law enforcement or forensic science. Son Luke is a second-year medical student in Guadalajara, Mexico. Daughter Erin is an A+ student at the C.W. Post Campus of Long Island University and interested in getting a law degree. Daughter Liz works in marketing and is getting married in July.

Lloyd P. Haskell, M.D. '77, writes: "My wife, Mary Jean, and I have two sons, William, 6, and Bennet, 2. My new job is executive medical director at Purdue Pharma, L.P. in Norwalk, Conn.

Alan L. Kalischer, M.D. '77, of Westfield, N.J., is listed as a top cardiologist in his area in the 1999 *Castle Connolly Guide—How To Find The Best Doctors: New York Metro Area*.

Stuart J. Kaufman, M.D. '77, recently expanded his practice in ophthalmology when a fourth associate joined Florida Eye Care, Laser and Cataract Centers in Zephyrhills. He and his wife, Debra, have been married for 21 years and have two children, Jonathan, 16, and Jaclyn, 14.

Jeffrey S. Bisker, M.D. '76, of East Amherst, N.Y., reports he was elected a fellow in ACNM in 1994, a fellow in ACNP in 1995, and a fellow in ACR in 1998.

Dennis J. Roggemann, M.D. '76, of West Orange, N.J., writes that he is looking forward to his 25th class reunion.

Edward K. Schneider, M.D. '76, and wife Sheila of Wappingers Falls, N.Y., celebrated their 25th anniversary in December.

Jeffrey A. Singer, M.D. '76, reports he is a principal and founder of Valley Surgical Clinics, Ltd., a Phoenix-area surgical practice group; director of the Maricopa County Medical Society; a contributing writer for *Arizona Medicine*; and a medical spokesman for "Arizonans for Drug Policy Reform," the organization behind Arizona's new "medical marijuana" reforms.

Robert A. Stern, M.D. '76, is director of ob/gyn at Vassar Brothers Hospital in Poughkeepsie, N.Y. His wife, Anita, works in his office. One daughter, Karyn, is in her third year at Tufts Dental School. His other daughter, Jodi, is a first-year student at Western New England College School of Law in Springfield, Mass. Son Josh is a senior at Brown University and applying to medical school.

Graham F. Whitfield, M.D. '76, Ph.D., of Palm Beach, Fla., has been reappointed a clinical assistant professor of surgery (orthopaedics) at Nova Southeastern University—College of Osteopathic Medicine. In addition to lecturing on orthopaedics, he gives hands-on instruction in the operating room to surgical residents and does clinical research.

Marc A. Borenstein, M.D. '75, recently became chairman of the department of emergency medicine at Newark Beth Israel Medical Center and Children's Hospital of New Jersey. As a former chief of the division of emergency medicine at the University of Connecticut School of Medicine, he established and was the founding director of Connecticut's first emergency medicine residency program.

Catherine L. Dunn, M.D. '75, "really hopes to see many members of the Class of 1975 B (the first class at Valhalla) at our 25th reunion in 2000. I'm planning to come from Seattle!"

Alfred J. Fields, M.D. '75, who received his M.P.H. from Columbia University in October 1998, practices ob/gyn in New York City.

Richard H. Glasser, M.D. '75, writes: "Due to the horrid managed care environment of Denver, the group I joined went bankrupt and I chose to close my practice of 22 years. Deb and I haven't been more relaxed or happier in five years. The insurance industry must change or more of you will follow."

Jeffrey P. Nadler, M.D. '75, was promoted to professor of medicine at the University of South Florida College of Medicine in Tampa.

Jeffrey M. Zale, M.D. '75, M.P.H., is a medical director for United Health Care of the MidAtlantic, Inc., in Baltimore, where he resides with his wife and two children.

James P. Angiulo, M.D. '72, J.D., of Tucson, was elected treasurer of the Arizona Medical Association in 1999.

Barry Reisberg, M.D. '72, of New York City, was president of the International Psychogeriatric Association (IPA), the leading organization in his subspecialty, from 1997 to 1999. He presided over the largest meeting in geriatric psychiatry ever held—IPA's 9th Congress in Vancouver in August 1999.

Robert D. Restuccia, M.D. '72, writes: "Since March 1998, I have been the director of the pediatric critical care and hospitalist program at Rockford (Illinois) Health System. In December 1997, I retired from the U.S. Army as a colonel. Among my assignments in the Army were Letterman AMC in San Francisco, Landstuhl ARMC in Germany, Walter Reed AMC in Washington, D.C., and William Beaumont AMC in El Paso, Tex."

Richard A. Winters, M.D. '72, reports that in addition to being director of the psychiatry residency training program and coordinator of medical students in psychiatry at "our beloved" Metropolitan Hospital Center in New York City, he is clinical director of emergency room psychiatric services there. He also maintains private practices in Manhattan and Paramus, N.J.

Charles L. Barrett, M.D. '70, writes: "Still practicing ob/gyn in Mountain View, Calif. Playing tennis five to six times a week and golf one to two times a week. Work time more intense due to managed care. Working harder, making less money. Will be hiring 7th and 8th associate over the next two years to keep up with demand, as most 50- to 60-year-olds are quitting due to HMOs. Looking forward to retirement myself in four to five years (max!). The third of five children is off to college this fall (University of California at Santa Barbara)."

Michael I. Bonder, M.D. '70, reports that in addition to his private ob/gyn practice, he is president, CEO and chairman of a 39-person multispecialty primary care group in Chattanooga, Tenn.

Thomas B. Graboys, M.D. '70, was honored with the Harvard Medical School Class of 1999 Humanism in Medicine Award in June. The award is offered by The Healthcare Foundation of New Jersey to honor a Harvard faculty member "who consistently demonstrates compassion and empathy in the delivery of care to patients." Nominated by a member of the graduating class, the award recipient is voted upon by a committee of Harvard Medical School faculty.

William Lipsky, M.D. '70, of Webster, Tex., specializes in refractive surgery and will construct his own laser center this year. "Eldest son Arim is in his first year of ER residency at UCLA-Harbor General; daughter Shira is studying for her M.P.H. at Boston University; daughter Eliana is studying in Israel before going to college; son Ilan is a vibrant preteen. The winters in Texas are definitely better than in New York!"

1960s

Kenneth P. Scheffels, M.D. '69, is chief of surgery at Pacifica of the Valley Hospital in Los Angeles.

Richard N. Hirsh, M.D. '69, enclosed an article from his local Akron newspaper, *The Beacon Journal*, for **Henry W. Hanff, M.D. '69**. It reported that Dr. Hirsh had received an award in Washington, D.C., in September from the Congressional Families Action for Cancer Awareness Program for his efforts as a scientist and advocate for those with breast cancer. In 1996, Dr. Hirsh founded the nonprofit Radiology Mammography International, which works to get equipment, training and education about breast cancer to developing countries.

Paul B. Heller, M.D. '68, was chief of gynecologic oncology at Walter Reed Army Medical Center until 1988, when he retired as a colonel. He became the head of gynecology at Pennsylvania Hospital in 1990, associate director of gynecologic oncology at the Medical College of Pennsylvania in 1991, and professor of ob/gyn at affiliated Allegheny University in 1996. In February 1999, he moved to the division of gynecologic oncology at Abington Memorial Hospital in Abington, Pa.

Albert J. Bajohr, Jr., M.D. '67, has been practicing general and vascular surgery in Sebring, Fla., for 25 years. He and his wife of 32 years, Patricia, "have raised four wonderful sons and have just experienced the joy of our first grandchild, Evan Pierce Bajohr, born August 1999 at Yale University Hospital."

Donald E. Doyle, M.D. '67, of Pascagoula, Miss., reports that besides being an otolaryngologist, he has developed a successful medical inventing sideline, available for viewing on his website: doylemedical.com. Moreover, he writes that "despite my age, I have a boy, 9, and a girl, 4½, and have to live the life of a thirty something in order to continue to provide for them. Say hello to Joe Dursi [Joseph F. Dursi, M.D. '59]. I followed him into the town of Vung Tau in South Vietnam in 1969."

Marc Lowen, M.D. '67, is acting chairman of the ob/gyn department at Sinai Hospital in Baltimore. He has five grandchildren, and his daughter, Army Brody, was expecting in December. His e-mail address is mlowen@sinai-balt.com. "We wish everyone well."

Robert A. Scalice, M.D. '67, of Gloucester, Mass., retired from private practice in 1994. He still practices subacute and long-term care, plays golf, and fishes in Massachusetts and New Hampshire.

Frieda H. Spady, M.D. '67, recently joined the staffs of the Midcoast Mental Health Center in Rockland and Penobscot Bay Medical Center in Rockport, both in Maine. She also continues to visit offices in New York City and Englewood, N.J. two days a week. She said her move was prompted by changes in healthcare delivery services.

Arthur A. Topilow, M.D. '67, reports that in addition to serving as director of the section of hematology/medical oncology at Jersey Shore Medical in Neptune, N.J., he continues his musical career as a jazz pianist. "I have recently performed with some of the best professional musicians in the New York metropolitan area." He is married to **Judith Fiedler Topilow, M.D. '67**.

Joseph A. Veneziano, M.D. '67, of Sturbridge, Mass., writes: "With Joseph, Jr. entering the class of 2003, the Venezianos send the fourth in the family to NYMC."

Lawrence S. Schechter, M.D. '66, is attending radiologist and director of the division of nuclear medicine at New York Hospital-Queens. He is also clinical assistant professor of radiology at The New York-Presbyterian Hospital, Cornell Weill Medical Center, in Manhattan.

Morton Meltzer, M.D. '65, of Cameron, N.C., is "still doing some stuff. Not getting any slower, just adding more jobs."

Werner J. Roeder, M.D. '65, was appointed medical director at Lawrence Hospital in Bronxville, N.Y., in 1999. He has been on staff since 1972, serving as director of surgery from 1988 to 1998 and, prior to that, as director of the department of emergency medicine.

Winter Seminar Updates Physicians on Managing Sports Injuries

The Alumni Association presented its 17th Annual Winter Seminar from January 30 to February 5 at the Hyatt Regency Cerromar Beach Resort in Dorado, Puerto Rico. During the four-day Continuing Medical Education program, College and guest faculty brought primary care physicians up-to-date on new directions in the diagnosis and treatment of common sports injuries and associated problems, ranging from tennis elbow to spinal injury and osteoporosis. Chaired by **Joseph F. Dursi, M.D. '59**, associate professor of surgery and associate dean of continuing medical education, the program opened with an Alumni Association report by **Louis E. Fierro, M.D. '60**, association president, and a discussion by Rev. Msgr. Harry C. Barrett, D.Min., M.P.H., president and chief executive officer, of how the future of NYMC will impact on the next generation of physicians. The program offered participants 18 hours of Category I credit toward the American Medical Association's Physician's Recognition Award. ■



College presenters at the Annual Winter Seminar in Puerto Rico are, from left, **Louis E. Fierro, M.D. '60**; Rev. Msgr. Harry C. Barrett, D.Min., M.P.H.; Susan A. Kline, M.D., executive vice dean, academic affairs; **Joseph F. Dursi, M.D. '59**; and Robert E. Zickel, M.D., professor and chair, Department of Orthopaedic Surgery.



Joseph F. Dursi, M.D. '59, and his wife, Martha, center, are flanked by Julie A. Kubaska, director for university alumni relations, and her husband David.

Irwin H. Steiger, M.D. '65, writes that he is a grower and provider of premium Napa Valley wines, and is owner and president of LoVecchio Estate Vineyards and Galleron-Laine Winery, Inc.

Elliot M. Grau, M.D. '64, began practicing in Inez, Ky., last year, after working 22 years in a private practice in New York City. He and his wife, Jacquelyn, decided to move to a more rural area after he no longer wanted to continue the heavy workload in New York City.

Ira L. Raff, M.D. '64, became urology section chief at Danbury (Conn.) Hospital in 1999.

Howard Cooperman, M.D. '63, retired from the practice of colon and rectal surgery and lives in Montecito, Calif., with his wife, Trudy. Daughter Stephanie Joy will receive her PsyD in May and is engaged to be married to Jamie Katzman, a lawyer.

Robert A. Bennett, M.D. '62, of San Diego, retired from practice in June 1998 and now does endoscopic procedures part-time at a local medical group, and volunteers at a homeless clinic. "Also taking art classes, cooking classes, traveling and enjoying time with four grandchildren and three grown children. Would like to hear from classmates. E-mail is tambob@adnc.com."

Barly S. Meltzer, M.D. '62, of Plymouth, Mass., became semi-retired last July and works only three days a week. "I now have time to devote to my grandchildren and family as well as more time to travel and to be active in local politics and at the synagogue."

John R. DeFilippi, M.D. '61, is retired and lives with wife Pam, in Naples, Fla. Son, Vincent, is a practicing cardiac surgeon at St. Joseph's Hospital in Paterson, N.J. Daughter, Donna (Bluethgen), is with the anesthesia department of St. Charles and Mather Hospital on Long Island, N.Y. "Aside from the distance from the kids and grandchildren, Naples is a paradise."

Judith E. Frank (Ketterer), M.D. '61, and **John G. Ketterer, M.D. '61**, will celebrate their 40th wedding anniversary in June. Both are faculty at Dartmouth Medical School. John is vice chair, department of ob/gyn, and Judith is professor of pediatrics as well as acting director of Children's Hospital at Dartmouth.

Neil A. Kurtzman, M.D. '61, was named recipient of the National Kidney Foundation's David M. Hume Memorial Award at its 49th annual meeting in Miami in November. The award honors a physician who is acknowledged by colleagues as having made significant scientific advances in the field of nephrology or urology. Dr. Kurtzman is university distinguished professor, Arnett professor of medicine and professor of physiology, Department of Internal Medicine, at Texas Tech University Health Sciences Center in Lubbock. He was president of the National Kidney Foundation

from 1992 to 1994 and currently serves as editor of *American Journal of Kidney Diseases*, the foundation's official journal. NYMC's Alumni Association awarded Dr. Kurtzman a Certificate of Achievement in 1993.

Harvey A. Reback, M.D. '61, is still actively practicing internal medicine in Fall River, Mass.

Henry I. Saphier, M.D. '61, of Englewood, N.J., writes that he and his wife, Marieanne, and their three sons welcome their daughter Arlene's new children, Anna and Paul. Their sons are doing well. Carl is a perinatologist at Mount Sinai Hospital in New York City, Paul is graduating in May from Albany Medical College, and Douglas is graduating in May from Brown University.

Edwin S. Stempler, M.D. '61, is still practicing orthopaedics in the Palm Springs, Calif., area, specializing in arthritis and osteoporosis. "Our first grandson, Nicholas, lives in Las Vegas and was one-year-old in October."

Thaddeus A. Figlock, M.D. '60, of Taunton, Mass., maintains an active gynecology practice, while "ham radio is my main pastime. Often on 20 meters—W1HGY is my call."

Carl M. Marchetti, M.D. '60, of Ocean, N.J., is senior vice president for medical affairs of the Meridian Health System. "No plans to retire."

James H. Stewart, M.D. '60, is retired in Kailua, Hawaii, after 32 years of practicing urology in Honolulu.

1950s

Harold A. "Hal" Engelke, M.D. '59, reports **Helen "Duffy" Toomey, M.D. '59**, hosted a Fourth of July mini-reunion at her summer home in Southampton, N.Y. Hal and his wife, Jane, **Cecilia A. "Cele" Young Murray, M.D. '59**, **Bennet J. "Ben" Hess, M.D. '59**, and his wife, Barbara, and **Paul A. Stavrolakes, M.D. '59**, and his wife, Jean, had a wonderful time reminiscing about the "good old days at Flower-Fifth and the Met."

Charles H. Bechert, II, M.D. '59, of Ft. Lauderdale, Fla., writes that in 1998-1999 he was listed for the fourth consecutive year in the Woodward/White database, *The Best Doctors in America*. He reports he was also named to Strathmore Directories' *Who's Who Registry* for 1999-2000 and to *National Register's Who's Who* for 1999-2000. Dr. Bechert is continuing his medical missionary efforts in the Dominican Republic under the auspices of the Christian Center for Medical Services, Inc. A member of a team of ophthalmologists practicing in Florida and at the Henry Ford Hospital in Detroit, he has lectured to attendings and residents at the Ramon Pando Ferrer Teaching Hospital in Havana, Cuba.

To the Manor Born (continued from page 28)

Medal of Honor in 1993. His uncle, Frank, had received one in 1965, the year he completed his tenure as president.

Says Dr. Fierro, "Having been able to administer anesthetics daily to my own patients is the greatest enjoyment of my life. I was truly a clinical anesthesiologist, not a director who sat in an office and simply sent out dictums. During all my years of practice, I never had a problem with a patient in an operating room. I am very proud of that."

He has other fond memories of his career—mentoring College students, identifying those who would go into anesthesiology, following them through their residency and helping them to set up practice. "I left my department two years ago, but I still get phone calls from residents and students who did their rotations at Lenox Hill. We go out to dinner, they visit me at home. One resident brings me breakfast everyday, after he's been on call, and we spend two to three hours talking, and then he goes home to sleep. I still enjoy interactions like that," Dr. Fierro says. ■

Molecular Biologist (continued from page 30)

consumer, or patient-oriented writing, up through the arcane research grant," he says. In addition, he had to learn bookkeeping and accounting as well as how to run and grow a business, develop a business plan and understand tax ramifications. In fact, he feels that his full-time free-lance career is not just about writing; it's also about being business smart. "I see myself first as a businessman," he says. "My skill is that of a scientifically-trained writer and my writing and editing are the products I offer."

Dr. De Bellis is president-elect for the Metropolitan New York chapter of American Medical Writers Association (AMWA), and a voting delegate to the board of directors of the national AMWA. He has mentored undergraduate science majors about alternative careers in science and was a participant in a Science Career Symposium held at the College in 1997, moderated by Francis L. Belloni, Ph.D., dean of the Graduate School of Basic Medical Sciences.

Dr. De Bellis and his wife, Mary, a librarian with a master's degree in library science, have a son, Victor, age three. Besides being a professional musician, De Bellis spent ten years in emergency medical work as an ambulance corps crew chief in Queens, N. Y., and as firefighter in a rescue squad in Fairfield, Conn.

Dr. De Bellis has encouraging words for scientists who are considering writing as a profession: "This is a good career choice for someone with a Ph.D. who likes to write, is detail-oriented, disciplined and pays attention to clear communication. It's an excellent application of one's science training. There are first-rate jobs at contract research organizations, pharmaceutical firms and medical education companies. I think people in science training have to realize their alternatives, and medical and scientific communications is certainly a viable career option that is now being acknowledged as a profession all its own." ■

President's Council (continued from page 29)

education, research and patient care, and still generate enough income to survive. These meetings are an opportunity to have a free-flowing exchange of ideas, to keep council members informed of our progress, and to get old friends together. Msgr. Barrett values their input and the experience that backs it up. They are brilliant individuals who have reached the pinnacle of success in their fields, and have made an impact on health care in this country. On their part, the alumni feel they want to give something back to the College. The contributions of the Advisory Council send a clear message that the College has done and continues to do something right. It can really make you proud." ■

Lewis A. Dalburg, Jr., M.D. '58, of Farmington, Conn., retired from the Grove Hill Eye Center last July.

Howard J. Kline, M.D. '58, living in San Francisco, reports he made a presentation at the American Heart Association Convention in November.

Robert V. Milora, M.D. '58, of Albany, N.Y., writes, "I've retired. I loved work, but don't miss it at all."

Edgar A. Parmer, M.D. '58, of Pt. Pleasant Beach, N.J., retired last year and went traveling in Italy and Africa.

Mark F. Anapoell, M.D. '57, of Covina, Calif., is excited to announce the arrival of three new grandsons in 1999: Brandon Louis and Alexander Noah in March and Joshua Robert in May.

Donald F. Bradley, Jr., M.D. '57, writes that after 31 years of general and hand surgical practice at Hartford (Conn.) Hospital, he became medical director of an occupational health facility in 1997, first in Norwich, and, recently, in the New Britain area. "It offers an opportunity to use some of my surgical skills without night and weekend calls and all-night surgical extravaganzas! It is a full-time job and offers, I think, an ideal segue into a full retirement, whenever that will be!"

James R. Hagerty, M.D. '56, of Venice, Fla., writes, "I have been retired for three years. My baby will go down the aisle in October, and in December my 17th grandchild will make an appearance."

George T. Hare, M.D. '56, was appointed medical director of long-term care at Camden County Health Services in Lakeland, N.J. in 1999.

James P. Mooney, M.D. '56, reports he has retired except for occasional consulting work in occupational medicine. "Building an 18-hole golf course and 450 retirement homes in Oxford, Conn. Regards to all."

Ronald J. Pion, M.D. '56, is co-author of the book, *Home Health Telecommunications: Technology to Improve Revenues*, published in 1999 by McGraw-Hill, N.Y.

Herve M. Byron, M.D. '54, writes that he and **Budd Appleton, M.D. '54**, organized their class's 45th reunion, which took place last May at Dr. Byron's home in Englewood Cliffs, N.J. "We had a nice turnout and an enjoyable time was had by all. Unfortunately, this was the last reunion that Budd would help organize and attend. He died on August 28th in Minnesota."

Robert D. Brennan, M.D. '53, of Utica, N.Y., retired from the practice of pediatrics seven years ago. He reports he is feeling well and is expecting the birth of a grandchild in November.

Joseph E. Davis, M.D. '53, continues to practice general urology at Cabrini Medical Center in New York City, where he is also director of professional review activities. The American Board of Quality Assurance and Utilization Review Physicians recently certified him in the subspecialty of managed care. He also completed a tour as chairman of the board of trustees of the New York County Medical Society and remains a delegate to the New York State Medical Society.

Maurice Safrin, M.D. '53, reports **Martin L. "Marty" Norton, M.D. '53**, spent a week visiting him in Seattle.

Paul D. Fuchs, M.D. '51, and his wife of Sun City West, Ariz., celebrated their 50th wedding anniversary in August and took three generations of their family on a tour of Italy.

Irving Mehlman, M.D. '51, is enjoying retirement at Del Webb Palm Desert Sun City, Calif., "a really fun place. I am looking forward to the 50th reunion in 2001, and would like to hear from my classmates. My son, **Arthur D. Mehlman, M.D. '79**, is also a member of the Alumni Association."

Bramwell R. Anthony, M.D. '50, practiced ob/gyn in San Luis Obispo, Calif., from 1957 until his retirement in 1992. "Enjoying sailing, mountain activities, concerts, plays. First wife died in 1982. Remarried in 1988. We have a nine-year-old, Megan, who is a joy!"

David Plotkin, M.D. '50, of Highland Beach, Fla., writes, "Looking forward to the 50th year reunion. Hope to see all my old classmates."

Joseph R. Whelan, M.D. '50, retired and living in Manhasset, N.Y., is "looking forward to our 50th from a great school. Had a good foundation for my rotary internship and five years of surgical training. Sorry to see rotating internship has long since passed."

1940s

Leon I. Small, M.D. '42, of Roseland, N.J., received a proclamation honoring him for 27 years of service to the township.

In Memoriam

Budd Appleton, M.D. '54, died August 28, 1999, in Duluth, Minn.

Michael A. Bottalico, M.D. '37, died December 20, 1999, in New York.

Lawrence V. Casamas, M.D. '39, died April 21, 1999.

Oliver K. Church, M.D. '53, died May 7, 1999.

Sidney Q. Cohlan, M.D. '39, died August 12, 1999, in New York City.

David J. Connor, M.D. '59, died November 15, 1999, in Hampton, N. H.

William Timothy Cronin, M.D. '59, died September 17, 1999, in Norwalk, Conn.

Milton Eagle, M.D. '44, died September 30, 1999.

Harvey L. Fritz, M.D. '57, died November 24, 1997.

Anthony S. Giannotto, M.D. '44, died September 17, 1999, in Livingston, N. J.

James S. Hammerling, M.D. '33, died December 12, 1999.

Benjamin F. Harley, Jr., M.D. '44, died November 3, 1999, in Bourne, Mass.

Francis E. Healy, M.D. '58, died December 13, 1999, in Coral Springs, Fla.

Raymond F. Kiernan, M.D. '38, died November 17, 1999, in Port Chester, N. Y.

Alfred C. Levin, M.D. '52, died November 17, 1999, in Palm Beach Gardens, Fla.

Ruth P. Lewis, M.D. '43, died December 18, 1999.

Robert B. O'Dair, M.D. '57, died October 28, 1999, in Worthington, Ohio.

Joseph P. Petrus, M.D. '50, died December 30, 1999.

Charles A. Ruvolo, Sr., M.D. '39, died December 7, 1999, in New York City.

Ralph J. Schultz, M.D. '67, died October 1, 1999.

Frederick C. Spurgeon, M.D. '53, died September 20, 1999.

David R. Taylor, M.D. '54, died September 18, 1999, in Basking Ridge, N. J.

William J. Zehrung, M.D. '50, died August 24, 1999, in New Milford, Conn.

Faculty

Barbara E. Bess, M.D. '65, professor of clinical psychiatry and behavioral sciences, died August 26, 1999.

Edwin A. Campbell, M.D. '52, adjunct assistant professor of orthopaedic surgery from 1981 to 1988, died August 29, 1999.

Irvin B. Schwartz, executive administrator, Department of Psychiatry and Behavioral Sciences from 1961 to 1996, died February 8, 2000, in New York City.

John J. Tobin, Jr., M.D. '60, clinical instructor of medicine from 1986 to 1990, died January 7, 2000, in Stamford, Conn.

Retiree

Mariana Petracca, executive administrative assistant at the Mental Retardation Institute, retired May 31, 1977, died December 16, 1999.

Calendar of Events

May 13-14, 2000

School of Medicine Reunion Weekend 2000

May 13

Alumni Banquet and Awards Presentation
The Plaza Hotel, New York City
Class of '50-50th Reunion
Awarding of Gold Diplomas
Class of '75-25th Reunion
Awarding of Silver Diplomas

May 14

Fifth-year Class Reunions
Alumni Center, Valhalla
Honorary Classes: 1935, 1940, 1945, 1950, 1955, 1960, 1965, 1970, 1975, 1980, 1985, 1990, and 1995

Commencement Week

May 15

Fifth Pathway Completion Ceremony and Reception
Tent, Alumni Center

May 16

Dean's Research Awards Luncheon
Tent, Alumni Center

May 17

Basic Medical Sciences Luncheon
Health Sciences Dinner and Awards
Tent, Alumni Center

May 18

Senior Honors Convocation
University Champagne Reception
Tent, Alumni Center

We're on the Web...

Visit us at <http://www.nymc.edu/alumni/> and tell us about yourself. And don't forget the Home Page (www.nymc.edu) for the latest College news.

New York Medical College

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